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| <b>Case Number:</b>   | CM14-0140663 |                              |            |
| <b>Date Assigned:</b> | 09/10/2014   | <b>Date of Injury:</b>       | 05/17/2012 |
| <b>Decision Date:</b> | 10/14/2014   | <b>UR Denial Date:</b>       | 08/20/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/29/2014 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Emergency Medicine, and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 33-year-old male who reported an injury on 05/17/2012. The mechanism of injury was not provided. On 08/11/2014, the injured worker presented with persistent low back pain, muscle spasm, stiffness and tightness in the bilateral knees and left ankle. Upon examination, there was tenderness over the medial and lateral joint line in the bilateral knees and pain across the lumbar paraspinal muscles bilaterally and left ankle along the anterior talofibular ligament. The diagnoses were internal derangement of the knee on the left status post surgical intervention with anterior cruciate ligament augmentation, discogenic lumbar condition with radicular component down the lower extremities for which diagnostics such as MRI and nerves have not been done, compensable issue with regard to the right knee, and ankle pain related to gait imbalance. The provider recommended 6 monthly medication management sessions and 1 marriage counseling sessions; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Six (6) monthly medication management sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visit

**Decision rationale:** The request for Six (6) monthly medication management sessions is not medically necessary. The Official Disability Guidelines recommend office visits for proper diagnosis and return to function of an injured worker. The need for a clinical visit with a healthcare provider is individualized based upon a review of the injured worker's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. As injured workers' conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of the necessity for an office visit requires individualized case review and assessment, being ever mindful that the best injured worker outcomes are achieved by the eventual patient independence from the healthcare system through self care as soon as clinically feasible. The provider's rationale for the use of 6 monthly medication management sessions were not provided. Additionally, there is lack of documentation on how monthly medication management sessions will allow the provider to evolve any treatment plan or goals for the injured worker. As such, medical necessity has not been established.

**One marriage counseling session:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visit

**Decision rationale:** The request for One marriage counseling session is not medically necessary. The Official Disability Guidelines recommend office visits for proper diagnosis and return to function of an injured worker. The need for a clinical visit with a healthcare provider is individualized based upon a review of the injured worker's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. As injured workers' conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of the necessity for an office visit requires individualized case review and assessment, being ever mindful that the best injured worker outcomes are achieved by the eventual patient independence from the healthcare system through self care as soon as clinically feasible. The provider's rationale for the use of a marriage counseling session was not provided. Additionally, there is lack of documentation on how a marriage counseling session will allow the provider to evolve any treatment plan or goals for the injured worker. As such, medical necessity has not been established.