

<b>Case Number:</b>	CM14-0147389		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	09/19/2011
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2014

### 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 Internal Medicine, has a subspecialty in Nephrology, and is licensed to practice in California. 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:

This year old patient had a date of injury on 9/19/2011. The mechanism of injury was she slipped and fell. In a progress noted dated 5/15/2014, the patient complains of elevated depression with self-destructive ideation, chronic pain emanating from neck, lower back, shoulders, and headaches. She has feelings of helplessness and insomnia. On a physical exam dated 5/15/2014, the patient suffers from major depression on an industrial basis with mood congruent psychotic features due to chronic pain. She has had TENS therapy and physical therapy in the past. The diagnostic impression shows depressive disorder, myalgia and myositis Treatment to date: medication therapy, behavioral modification, TENS therapy, physical therapy A UR decision dated 8/13/2014 denied the request for medical management eval/treat and medical record review for doctor, stating that overall clinical review of the claimants history of being disabled with global pain despite past physical therapy has made it difficult to cope with everyday life both physically and mentally.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### MEDICAL MANAGEMENT EVAL/TREAT AND MEDICAL RECORD REVIEW FOR

**[REDACTED]**: Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM CHAPTER 7, INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS PAGE 127

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) pg 127, 156

**Decision rationale:** CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. In the 5/15/2014 progress report, the patient suffers from chronic pain and a result also suffers from depression and mental disorders. It was noted that conservative treatment such as physical therapy and TENs units have failed. However, the request for "eval/treat" is unclear, as the type of treatment was not specified. Therefore, the request for medical management eval/treat and medical record review with the physician was not medically necessary.