

<b>Case Number:</b>	CM14-0094441		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	03/15/2013
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 Psychology 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:

The claimant is a 34 year-old male (██████████) with a date of injury of 3/5/13. The claimant sustained injury to his head and neck when a disassembled shopping cart fell from the top of a truck, landing on top of his head. The claimant sustained this injury while working in the warehouse receiving department for ██████████. In his PR-2 report dated 6/5/14, ██████████ diagnosed the claimant with: (1) S/P Head contusion; (2) Tension headaches; (3) Cervical strain; and (4) Spasm of muscle. It is also reported that the claimant developed psychiatric symptoms as the result of his work-related head injury. In her Initial Psychological Evaluation dated 5/30/14, ██████████ diagnosed the claimant with: (1) Depressive disorder; (2) Pain disorder; (3) Cognitive disorder, NOS; and (4) R/O Somatization disorder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow up office visits x4 (frequency 1x per 6-8 weeks: duration: over course of 6 months):**  
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: Mental Illness and Stress Chapter Office visits Recommended as determined to be medically necessary. Evaluation and

management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns

**Decision rationale:** The MTUS does not address the use of office visits therefore, the Official Disability Guideline regarding office visits will be used as reference for this case. Based on the review of the medical records, the claimant completed an initial psychological evaluation with [REDACTED] on 5/30/14. In that report, [REDACTED] recommended CBT sessions as well as a psychiatric consultation. The request under review is for follow-up office visits. The ODG indicates that "the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible." Given this information, the need for 4 office visits cannot be determined based on the initial evaluation alone. Therefore, the request for Follow up office visits x4 (frequency 1x per 6-8 weeks: duration: over course of 6 months) is premature and not medically necessary.