

<b>Case Number:</b>	CM15-0072599		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	08/06/2012
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California, Arizona, Maryland  
Certification(s)/Specialty: Psychiatry

### 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 26 year old male, who sustained an industrial injury on August 6, 2012. He has reported back pain, chest wall pain, abdominal pain, anxiety, depression, and sleep disturbances. Diagnoses have included rib fracture, lumbar spine vertebral fracture, laceration of the spleen, kidney and liver, posttraumatic stress disorder, and depression. Treatment to date has included physical therapy, chiropractic care, acupuncture, massage therapy, psychotherapy, and imaging studies. A progress note dated February 28, 2015 indicates a chief complaint of mid back pain lower back pain, abdominal pain, numbness of the left hand, anxiety, depression, and sleep disturbances. The treating physician documented a plan of care that included medication management visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medication Management x 6 sessions or Units: 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) Pain Chapter, Office Visits.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness & Stress Topic: Office visits.

**Decision rationale:** ODG states "Office visits are recommended as determined to be medically necessary. The need for clinical office visit with a health care provider is individualized based upon the review of patient concerns, signs, symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications 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 health care system through self care as soon as clinically feasible" The injured worker developed psychological symptoms such as anxiety, depression, and sleep disturbances secondary to the industrial trauma. There is no documentation that suggests that the injured worker is on any psychotropic medications that would require such close monitoring as once a month visits. Thus, the request for Medication Management x 6 sessions or Units is excessive and not medically necessary.