

<b>Case Number:</b>	CM13-0009946		
<b>Date Assigned:</b>	09/17/2013	<b>Date of Injury:</b>	03/16/2013
<b>Decision Date:</b>	01/31/2014	<b>UR Denial Date:</b>	08/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychology 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 physician 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 patient is a 32-year-old female who reported an injury on 03/16/2013. The patient is currently diagnosed with headaches, anxiety, and Posttraumatic stress disorder (PTSD). The patient was seen by provider on 06/11/2013. The patient reported occasional headaches, intermittent chest wall pain, and anxiety. Physical examination revealed no acute distress. The treatment recommendations included continuation of current medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychological evaluation and possible treatment between 7/23/2013 and 9/15/2013:**

Overtured

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions, Chronic Pain Treatment Guidelines Stress Related Conditions Chapter Page(s): 398. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-101.

**Decision rationale:** The California MTUS Guidelines indicate that psychological evaluations are recommended. Psychosocial evaluations should determine of further psychosocial interventions

are indicated. As per the clinical notes submitted for review, the patient was evaluated by provider on 08/16/2013, where psychological testing was performed. The patient scored a 32 on the Beck Depression Inventory, placing the patient in a severe range for subjective depression. The patient also scored a 47 on the Beck Anxiety Inventory, indicating severe levels of anxiety. The patient's Minnesota Multiphasic Personality Inventory-2 (MMPI-2) evaluation indicated overwhelmed, emotional coping mechanisms and mental dysfunction. The patient does appear to be a candidate for psychotropic medication and additional psychological treatment. Therefore, based on the clinical information received and the California MTUS Guidelines, the request is certified.