

<b>Case Number:</b>	CM13-0019045		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/25/2013
<b>Decision Date:</b>	04/03/2014	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### 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 Psychiatry 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 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:

35 y/o female with a date of injury of 7/25/2013. Date of UR decision was 8/23/2013. Mechanism of injury was being spit in the face by an indigent, severely mentally ill patient while at work. Injured worker was 34 weeks pregnant at the time of assault. Consulting Physician Report from 8/13/2013, she was given diagnosis of adjustment disorder with anxiety. Symptoms described from that day were of "anxiety/panic: excessive worry or anxiety, difficulty controlling the worry, feeling keyed up or on edge" Per progress report dated 10/23/2013, she was diagnosed with Anxiety in acute stress reaction. It states "patient is tearful and having problems sleeping, and feeling high levels of stress". Psych review of systems revealed normal affect, memory, judgment, mood.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A psychiatric consultation and further treatment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG) TWC Mental Illness ad Stress Procedure Summary (updated 5/13/2013).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387, 398.

**Decision rationale:** AECOM guidelines, page 387, states "The initial assessment of patients with acute stress-related conditions focuses on detecting potentially serious psychopathology, or red flag conditions, requiring urgent specialty referral. The majority of patients with stress-related conditions will not have red flags and can be safely and effectively managed by occupational or primary care physicians." Page 398 states "Specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities. Some mental illnesses are chronic conditions, so establishing a good working relationship with the patient may facilitate a referral or the return-to-work process. It is recommended that serious conditions such as severe depression and schizophrenia be referred to a specialist, while common psychiatric conditions, such as mild depression, be referred to a specialist after symptoms continue for more than six to eight weeks" The injured worker does not have significant psychopathology per the reviewed documentation. The medical necessity of a psychiatric consultation and further treatment cannot be affirmed at this time and it can be safely and effectively managed by occupational or primary care physician at this time per the guidelines.