

<b>Case Number:</b>	CM13-0022104		
<b>Date Assigned:</b>	03/26/2014	<b>Date of Injury:</b>	12/22/2008
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	08/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2013

### 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 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 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 patient is a 49-year-old female who reported an injury on 12/22/2008. The mechanism of injury involved a fall. The patient is currently diagnosed with mood disorder, major depression, possible dependent personality features, status post right shoulder arthroscopy and right carpal tunnel release, and occupational injury with chronic pain, loss of function, and loss of work. The patient was seen by [REDACTED] for a psychiatric consultation on 07/26/2013. The patient reported symptoms of depression and anxiety, as well as suicidal ideation. The patient also reported decreased energy and concentration, as well as insomnia. Mental status examination revealed mildly constricted mood and affect, anxiousness, fidgeting, preoccupied thought content, limited insight and judgement, intact concentration, mildly impaired adaptability to stress, and loss of self confidence and self esteem. The patient scored an 8 on the Beck Depression Inventory indicating minimal depression. The patient also scored a 22 on the Beck Anxiety Inventory, indicating moderate anxiety. The patient's global assesment of functioning score was a 60. Treatment recommendations at that time included psychiatric re-evaluations, psychiatric medication management, and psychological testing once every 2 weeks for 1 month and once every month for the next year.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PSYCHE FOLLOW UP, 2 TIMES A MONTH FOR 1 MONTH, THEN ONCE A MONTH FOR 1 YEAR.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 405.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state the frequency of follow-up visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy and whether the patient is missing work. As per the documentation submitted, the patient scored a 22 on the Beck Anxiety Inventory, indicating moderate anxiety and an 8 on the Beck Depression Inventory indicating only minimal depression. There is no documentation of a severity of symptoms that would warrant the need for continuous follow-up visits. The current request for follow-up visits twice per month for 1 month and once a month for 1 year is excessive in nature and cannot be determined as medically appropriate. Therefore, the request is non-certified.