

Case Number:	CM13-0023499		
Date Assigned:	11/15/2013	Date of Injury:	12/14/2008
Decision Date:	01/28/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/12/2013

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 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:

The claimant is a 31 year-old female [REDACTED] with a date of injury of 12/14/08. According to medical reports, the claimant sustained an injury to her left ankle when her left ankle was struck by a metal plate on a wheelchair while she was working as a janitor for the [REDACTED]. The claimant is diagnosed by [REDACTED] with major depressive disorder, single episode. She has subsequently been diagnosed by [REDACTED] on 9/24/13 with Major Depression without psychotic features and chronic pain syndrome associated with both psychological factors and a general medical condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 psychiatric evaluation/consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: Based on the review of the medical records prior to the IMR dated July 2013, the claimant would benefit from a psychiatric evaluation/consultation. The CA MTUS

does not specifically address psychiatric evaluations for the treatment of depression. The ODG however, does recommend office visits when it has been deemed medically necessary by a treating provider. It states, "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, signs and symptoms, clinical stability, and reasonable physician judgment." Based on this guideline, the request for "1 psychiatric evaluation/consultation" is medically necessary. It is noted that a psychiatric evaluation/consultation was subsequently provided on 9/24/13 by [REDACTED].