

Case Number:	CM13-0027775		
Date Assigned:	12/13/2013	Date of Injury:	06/18/2013
Decision Date:	08/06/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/20/2013

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 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 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 injured worker is a 40 year old male with date of injury 6/18/2013. The date of the UR decision was 9/18/2013. The mechanism of injury was work related stress. The report dated 4/9/2014 listed subjective complaints of sadness, helplessness, feeling irritable, less energy, social isolation, crying episodes, appetite changes, weight changes, lack of sexual desire, feeling self critical etc. The objective findings per that report were presence of anxious, sad mood, poor concentration, nervousness, dysphoric mood, restlessness, rigid posture, feeling apprehensive. The diagnosis listed in the report were Major Depressive Disorder, Single Episode, mild; Generalized Anxiety Disorder; Insomnia related to Generalized Anxiety Disorder and Stress related physiologic response affecting gastric disturbances and headaches. The treatment plan suggested trial of Relaxation training 1x month for 6 months and a Psychiatric Evaluation. Psychological Consultation report dated 11/11/2013 suggested that the injured worker scored 50 on Beck Depression Inventory which is indicative of severe depression and scored 20 on Beck Anxiety Inventory which is indicative of moderate anxiety level.

IMR ISSUES, DECISIONS AND RATIONALES

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

A psychiatric evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The injured worker is a 40 year old male diagnosed with Major Depressive Disorder (single episode, mild), Generalized Anxiety Disorder, and Insomnia related to Generalized Anxiety Disorder, and Stress related physiologic response affecting gastric disturbances and headaches. He underwent a Psychological Consultation on 11/11/2013, which suggested that he suffered from severe depression (score of 50 on Beck Depression Inventory) and had moderate anxiety level (score of 20 on Beck Anxiety Inventory). Specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities. It also states: Issues regarding work stress and person job fit may be handled effectively with talk therapy through a psychologist or a mental health professional. Patients with more serious mental health Conditions made need a referral to a psychiatrist for medicine therapy. Upon review of the submitted documentation, it is suggested that the injured worker would benefit from specialty referral to Psychiatry. The request for a psychiatric evaluation is medically necessary.