

Case Number:	CM13-0029847		
Date Assigned:	11/01/2013	Date of Injury:	05/20/2006
Decision Date:	04/03/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/27/2013

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 Clinical Psychology, has a subspecialty in Health Psychology and Pain Management 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 medical records provided for this review were incomplete with most of the years after her injury lacking any medical records. There are several indications that multiple prior psychological and psychiatric evaluations already have been completed. A prior psychiatric evaluation was conducted on June 6th 2011 and resulted in a diagnosis of major depression and anxiety and psychological factors affecting physical condition. There is no mention of what, if any, additional diagnoses are in question. Also the current diagnosis sufficiently can direct and guide any therapeutic interventions, and additionally it appears but is not entirely clear that she has and may still be receiving ongoing treatment that is addressing her psychological and psychiatric . The treatment guidelines specifically say that psychological evaluations should be used to distinguish between conditions that are pre-existing, or aggravated by the current injury." this primary goal has already been accomplished. This is not to say that she is, or is not, in need of ongoing psychiatric treatment but that a full evaluation at this time is not medically necessary. The non-certification of this request is upheld.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT PSYCHIATRIC EVALUATION AND MEDICATION MANAGEMENT TREATMENT FOR UNSPECIFIED FREQUENCY AND DURATION FOR DEPRESSION: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 100.

Decision rationale: The medical records provided for this review were incomplete with most of the years after her injury lacking any medical records. There are several indications that multiple prior psychological and psychiatric evaluations already have been completed. A prior psychiatric evaluation was conducted on June 6th 2011 and resulted in a diagnosis of major depression and anxiety and psychological factors affecting physical condition. There is no mention of what, if any, additional diagnoses are in question. Also the current diagnosis sufficiently can direct and guide any therapeutic interventions, and additionally it appears but is not entirely clear that she has and may still be receiving ongoing treatment that is addressing her psychological and psychiatric . The treatment guidelines specifically say that psychological evaluations should be used to distinguish between conditions that are pre-existing, or aggravated by the current injury." this primary goal has already been accomplished. This is not to say that she is, or is not, in need of ongoing psychiatric treatment but that a full evaluation at this time is not medically necessary. The non-certification of this request is upheld.