

Case Number:	CM13-0030415		
Date Assigned:	11/27/2013	Date of Injury:	04/25/2011
Decision Date:	01/22/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	09/26/2013

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 36 year-old female with a date of injury of April 25, 2011. According to medical reports, she sustained injuries in her right shoulder, fingers of both hands, right wrists, right hand, lower back area, and to psyche while working as a data entry and customer service representative for DMV. In his initial report dated May 31, 2013, psychologist, [REDACTED], diagnosed the claimant with (1) major depressive disorder, single episode, mild; (2) anxiety disorder NOS (not otherwise specified); (3) Female hypoactive sexual desire disorder due to chronic pain; (4) insomnia related to anxiety disorder NOS and chronic pain; and (5) Stress-related physiological response affecting general medical condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

one (1) session for a psychiatric evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-101.

Decision rationale: Within the medical records, it is mentioned that the claimant received a psychiatric evaluation by [REDACTED] on August 2, 2013; however, there are no medical records from

that evaluation included in the records reviewed. Typically, a psychiatric evaluation is conducted prior to pharmacological follow-ups. Since the claimant is already receiving medications and follow-up visits have been scheduled, it is assumed that a psychiatric evaluation was already completed. Based on this assumptions, the request for a one (1) session for a psychiatric evaluation is not medically necessary.