

<b>Case Number:</b>	CM13-0032228		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	07/17/2009
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### 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 42-year-old female who reported an injury on 07/17/2009. The mechanism of injury was not provided. The patient was noted to be frustrated. The patient was noted to have sleep disturbances. The patient was noted to have stress, depression and anxiety. The patient was noted to have decreased enjoyment from activities and difficulty remaining asleep and difficulty falling asleep as well as a general increased feeling of stress and anxiety. The patient's treatment and coping strategies were noted to not be beneficial. The patient was noted to have sleep disturbance times 2 to 3 months. The patient was noted to have sexual dysfunction. The patient's diagnoses were not provided. The request was made for psychological assessment services.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychological assessment service:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Stress and Mental Illness Chapter, Online Edition.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404.

**Decision rationale:** The ACOEM Guidelines recommend that common psychiatric conditions, such as mild depression, be referred to a specialist after symptoms continue for more than 6 to 8 weeks. The clinical documentation submitted for review indicated that the patient's symptoms had been present for more than 6 weeks and a specialist visit would be appropriate. However, per the submitted request, the request was for unspecified psychological assessment services and there was a lack of quantity or duration of services being requested. Given the above the request for psychological assessment services is not medically necessary.