

Case Number:	CM13-0041536		
Date Assigned:	12/20/2013	Date of Injury:	12/17/2007
Decision Date:	02/28/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	10/11/2013

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 Psychiatry and is licensed to practice in Illinois and Wisconsin. 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:

This is a 65 year old male who was injured on 12/17/2007 and who has a diagnosis of Major Depression. He has a history of anxiety, dysphoria and anxiety attacks. He was first evaluated psychiatrically on 10/1/2012. Medications include Zoloft 100 mg daily and Ativan 0.5 mg. Ambien was added in August of last year. According to the information submitted for review, coverage for the Ativan and Ambien was not certified. The provider has been requesting certification for ongoing psychiatric treatment in conjunction with his chronic pain which evidently has been denied. This represents an independent review of the decision to deny certification for ongoing psychiatric treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric Treatment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-23.

Decision rationale: The records indicate a past history of suicidal ideation but details are not clear and there is no mention of suicidal ideation subsequent to the initial evaluation. The

provider initially requested a total of 8-12 visits over a time period of 4-6 months and the rationale for the additional visits is not entirely clear. It appears that at least 12 visits have been approved. California Chronic Pain Guidelines indicate initial 3-4 visits over two weeks with 6-10 visits over 5-6 weeks with functional improvement. There is no evidence of functional improvement and no data supporting the need for the additional visits or the extended time period.