

Case Number:	CM13-0042614		
Date Assigned:	12/27/2013	Date of Injury:	06/12/2012
Decision Date:	04/30/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/30/2013

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 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 patient is a 45 year-old female with a date of injury of 6/12/12. The patient sustained injury to her psyche as the result of a hostile work environment. This consisted of sexual harassment and stress while working as a truck operator for the [REDACTED]. In his 8/13/13 "Reevaluation Report, Request for Authorization for Further Psychiatric Treatment", the physician diagnosed the patient with Depressive disorder NOS and Dyssomnia NOS. Although the claimant has previous claims with orthopedic injuries, this request is specifically related to the 6/12/12 psyche injury

IMR ISSUES, DECISIONS AND RATIONALES

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

UNKNOWN PSYCHIATRIC TREATMENT BETWEEN 8/13/2013 AND 11/9/2013:

Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter.

Decision rationale: Because the request is vague, the Official Disability Guidelines regarding office visits and cognitive therapy for depression will be used as reference for this case. Based on the review of the medical records, it appears that the claimant has been receiving psychiatric services from [REDACTED] since the comprehensive evaluation in December 2012. The total number of psychiatric visits is unclear from the records reviewed. Despite this, the request for "Unknown psychiatric treatment between 8/13/13 - 11/9/13" remains vague and does not provide enough information as to the type of services being requested, and the number of services within the requested duration. Due to the vagueness of the request, the request for "Unknown psychiatric treatment between 8/13/13 - 11/9/13" is not medically necessary,