

Case Number:	CM13-0057357		
Date Assigned:	12/30/2013	Date of Injury:	04/01/2008
Decision Date:	03/12/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/08/2013

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 claimant is a 46-year-old female [REDACTED] with a date of injury of 4/1/08. She sustained an injury to her right ring finger when an industrial metal trash container rolled forward, striking her right hand against a metal pole. This injury resulted in a partial amputation of the right ring finger. This injury occurred while employed by [REDACTED]. In her "Qualified Medical Re-Evaluation" dated 9/12/13, [REDACTED] diagnosed the claimant with: (1) Traumatic amputation, right ring finger; (2) Chronic pain syndrome; and (3) Anxiety and depression. Additionally, according to the "Doctor's First Report of Occupational Injury or Illness" completed by [REDACTED] on 10/30/13, the claimant is diagnosed with: (1) Major depressive disorder, single episode, mild; (2) Anxiety disorder NOS; (3) Posttraumatic stress disorder - acute, in partial remission; (4) Insomnia related to anxiety disorder NOS and chronic pain; and (5) Stress-related physiological response affecting headaches. It is the claimant's psychiatric diagnoses that are most relevant to this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

monthly follow-up appointments with Psychiatry for 6-8 months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 398.

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: Chronic Pain Medical Treatment Guidelines does not address the use of psychiatric appointments, or office visits as a result, the Official Disability Guidelines (ODG) regarding the use of office visits will be used as reference for this case. Based on the review of the medical records, the need for continued psychiatric services may be necessary. However, the request for follow-up services for an additional 6-8 months appears excessive. The ODG recommends the use of office visits when they are "determined to be medically necessary". The request for follow-up visits 6-8 months away is not reasonable as it does not offer a period of time for reassessment and evaluation. As a result, the request for "Monthly follow-up appointments with Psychiatry for 6-8 months" is not medically necessary.