

Case Number:	CM13-0065844		
Date Assigned:	01/08/2014	Date of Injury:	07/13/2012
Decision Date:	06/05/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/16/2013

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 Psychiatry 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 case involves a 44-year-old male with a date of injury of 7/13/2012. The date of the utilization review (UR) decision was 12/5/2013. He was attacked by dogs while performing his duties as a pool service person and had a collision while driving himself to the hospital after the attack. The progress report (PR) from 6/4/2013 states that the medications being prescribed at that time, such as celexa and xanax were not effective, and the psychology counseling is not helping, so a Psychiatrist referral was made. The injured worker underwent carpal tunnel syndrome (CTS) surgery, and physical therapy for the pain. The PR from 8/6/2013 indicated that the injured worker gets too anxious around strange dogs, and is still very depressed. The injured worker has been prescribed cymbalta and gabapentin. A Psychiatric evaluation and Psychological testing were done on 09/21/2013, which listed a Beck Depression Inventory (BDI) score of 47 (extreme depression). The injured worker was diagnosed with Pain disorder associated with both Psychological factors and General medical condition; chronic type post-traumatic stress disorder (PTSD), and severe Major Depressive Episode. Zoloft was prescribed on that date by the Psychiatrist for depression and anxiety symptoms, klonopin 1mg every day and 2 mg at bedtime, as needed for anxiety. The Celexa and xanax were discontinued at that visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

**PSYCHIATRIST - [REDACTED]; REFERRAL FOR TREATMENT:
BEHAVIORAL/PSYCH: Upheld**

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

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, OFFICE VISITS STRESS RELATED CONDITIONS.

Decision rationale: The Official Disability Guidelines indicate that "Office visits: Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible." The rationale for the request, number of sessions to be requested, the frequency and duration of treatment requested are not clear. Additional information is needed to affirm medical necessity. The request is non-certified.