

<b>Case Number:</b>	CM13-0070649		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	10/30/2009
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2013

### 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 48 year-old female with a date of injury of 10/30/09. The claimant sustained injury to her back and bilateral knees when she was playing floor hockey with her special education students. She sustained this work-related injury while working as an educational assistant for the [REDACTED]. In his progress report dated 12/6/13, [REDACTED] diagnosed the claimant with the following: (1) back pain with radiation to bilateral legs, likely secondary to L5 radiculopathy with concomitant facet arthropathy; (2) imaging with evidence for multilevel facet arthropathy and multilevel degenerative disc disease, worse at L3-4; (3) concurrent neck pain, a secondary issue; (4) history of known right anterior cruciate ligament (ACL) tear status post knee surgery, followed by [REDACTED]; and (5) failed conservative treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PSYCHIATRIC EVALUATION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

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

**Decision rationale:** The ACOEM guideline regarding referrals will be used as reference for this case. Based on the review of the medical records, it is unclear why a psychiatric referral is being requested for the claimant. Other than mentioned in a 9/17/13 note from [REDACTED] that the claimant has a history of "depression," there are no current indicators that the claimant continues to struggle with depression or any other psychiatric condition. The request was made by the provider; however, there are no recent reports or notes offered for review that would support or substantiate the request. Therefore, as a result of insufficient supportive documentation, the request for a psychiatric evaluation is not medically necessary.

**FIVE FOLLOW UP VISITS PER TREATMENT:** 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:** The CA MTUS does not offer guidelines regarding follow-up office visits, therefore the Official Disability Guidelines (ODG) regarding office visits will be used as reference for this case. Based on the review of the medical records, it is unclear why follow-up psychiatric visits are being requested for the claimant as there has yet to be a psychiatric evaluation performed. Based on the documentation, it is also unclear why a psychiatric evaluation is even needed. Other than mentioned in a 9/17/13 note from [REDACTED] that the claimant has a history of "depression," there are no current indicators that the claimant continues to struggle with depression or any other psychiatric condition. The request for follow-up psychiatric visits was made by the provider; however, there are no recent reports or notes offered for review that would support or substantiate the request. Therefore, as a result of insufficient supportive documentation, the request for a five follow up visits for treatment is not medically necessary.