

Case Number:	CM14-0009533		
Date Assigned:	02/14/2014	Date of Injury:	03/03/2011
Decision Date:	06/24/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/24/2014

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 patient is a 35 year old male with a date of injury of 3/3/2011. The patient suffered from crush injury of left foot which resulted in DVT. IVC filter was placed. PR-2 dated 12/3/2013 suggested that the patient had depression secondary to the industrial injury. He had a medication change which was the switch from Effexor to Cymbalta. Per PR by the Primary Treating Physician, it did not result in much improvement of the depression. He continues to take Norco for pain and Zomig and Topamax for migraines.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHIATRIC EVALUATION: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388, 398.

Decision rationale: The submitted documentation does not provide a detailed assessment of the symptoms suggestive of depression; however, the PR from 12/03/2013 suggests that the depressive symptoms have required treatment with medications and the switch from Effexor to Cymbalta which has not resulted in improvement in depression. A Psychiatric Evaluation is

deemed as medically necessary at this time because of lack of improvement in depression with the medication trials with antidepressant medications by the Primary Treating Physician. Thus, the medical necessity of the requested treatment is affirmed.