

<b>Case Number:</b>	CM14-0129592		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	05/23/2014
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 Psychologist and is licensed to practice in Utah. 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 48-year-old female who has submitted a claim for depressive disorder not elsewhere classified associated with an industrial injury date of May 23, 2014. Medical records from July 1, 2014 up to July 18, 2014 were reviewed showing appetite and weight changes, sensitivity, and emotional lability. Patient feels afraid, nervous, tense, and hypervigilant. She has flashbacks of the incident. She experiences sleep difficulties and gastrointestinal disturbances. Upon examination, she has a depressed affect, anxious and sad mood, tearfulness, nervousness, bodily tension, and restlessness. Psychological testing revealed significant depressive and anxious symptoms. No treatment to date was documented. Utilization review from August 7, 2014 modified the request for Psych evaluation, consult 8 sessions to 6 sessions. Patient was certified for 12 sessions of group psychotherapy and 12 sessions of hypnotherapy. A psychiatric evaluation will be needed to assess the patient's progress during the therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psych evaluation, consult 8 session:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation CGT guidelines, major depression and dysthymia treatment consultation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page(s) 127.

**Decision rationale:** As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, the patient exhibited significant depressive and anxious symptoms as per psychological testing. The patient will undergo 12 sessions of group psychotherapy and 12 sessions of hypnotherapy. A psychiatric evaluation will be needed to assess the patient's progress during the therapy sessions. The request for 8 psychiatric evaluations was modified to 6 visits. The need for additional follow-up visits should be assessed once initial evaluations are reviewed. Therefore the request for Psych Evaluation, Consult 8 Sessions is not medically necessary.