

Case Number:	CM14-0153875		
Date Assigned:	09/23/2014	Date of Injury:	03/09/2012
Decision Date:	11/26/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/21/2014

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 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 (DOB 12/19/68) with a date of injury of 3/9/12. The claimant sustained injury to her psyche as the result of workplace harassment while working as a food service worker for [REDACTED]. In his "Primary Treating Physician's Progress Report" dated 6/30/14, treating psychiatrist, [REDACTED] diagnosed the claimant with: (1) Major depressive disorder, moderate severity with anxious distress; (2) Insomnia disorder, persistent; (3) Somatic symptoms disorder, moderate severity; and (4) S/P workplace injuries, burning feet on 4/15/14 & injuring right forearm on 4/30/14, requiring emergency dept. treatments at the [REDACTED]. The claimant has been receiving psychiatric treatment from [REDACTED] since 2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] Visit 40 minutes, once at the end of the planned treatments: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, page 127; and the Official Disability Guidelines (ODG), Mental Illness & Stress (update 06/12/14), Office Visits.

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 address office visits therefore, the Official Disability Guideline regarding office visits will be used as reference for this case. Based on the review of the medical records, the claimant has continued to treat with [REDACTED] since 2012. At times, it appears that the claimant's symptoms have improved, while other times, the claimant decompensated. In his PR-2 report from June 2014, [REDACTED] indicated that the claimant's symptoms were exacerbated by workplace injuries in April and he had been seeing the claimant twice a week. Although the claimant has received quite a bit of psychiatric services, the request for one 40 minute office visit at the end of the proposed treatment appears reasonable. As a result, the request for "[REDACTED] Visit 40 minutes, once at the end of the planned treatments" is medically necessary.