

<b>Case Number:</b>	CM14-0154573		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	03/09/2012
<b>Decision Date:</b>	11/26/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 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:

Injured worker is a 45 year old female with date of injury 3/9/2012. Date of the UR decision was 9/12/2014. The mechanism of injury was identified to be harassment, discrimination, bullying and isolation at the workplace for reasons unknown to her, causing her to develop and suffer various stress-induced symptoms, necessitating her to begin to seek medical attention and medical leave of absence frequently. Per report dated 3/20/2014; the injured worker has been diagnosed with major depressive disorder; in partial remission; insomnia disorder, in partial remission and somatic symptom disorder in partial remission. Report dated 5/20/2014 indicated that the injured worker was being prescribed Sertraline and Lorazepam. Report dated 5/12/2014 listed subjective complaints as being extremely distressed, early morning awakening, restless/disturbed, being bothered by repeated unpleasant thoughts that won't leave her mind, feeling that someone else can control her thoughts, feeling easily annoyed or irritated, low energy/slowed down. It was suggested that she was having thoughts of ending her life, hearing voices that other people do not hear intermittently, poor appetite, blaming herself for things, feeling uneasy when people are watching or talking about her.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Evaluation & management E/M office visit 15 minutes x 6: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress.

**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, and Stress Related Conditions

**Decision rationale:** ODG states "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. " Per report dated 3/20/2014; the injured worker has been diagnosed with Major Depressive Disorder; in partial remission; Insomnia Disorder, in partial remission and Somatic Symptom Disorder in partial remission. Report dated 5/20/2014 indicated that the injured worker was being prescribed Sertraline and Lorazepam. The request for 6 office visits is not medically necessary at this time. Lorazepam is not indicated for long term use and sertraline does not require close monitoring request frequent office visits. Thus, the request is not medically necessary at this time.

**Psych testing 2 hours at the end of planned treatment:**

**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 and Stress, Psychological Evaluations.

**Decision rationale:** ODG states that "Psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in subacute and chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The request for Psych testing for 2 hours at the end of planned treatment is not medically necessary. Psychosocial evaluations should determine if further psychosocial interventions are indicated. Psychological testing is not clinically indicated at the end of every treatment visit.

