

Case Number:	CM14-0186025		
Date Assigned:	11/13/2014	Date of Injury:	06/23/2013
Decision Date:	12/22/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	11/07/2014

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 38 year-old male (██████████) with a date of injury of 6/23/13. The claimant sustained injury to his head when he was hit on the left side of his head with a closed fist by a coworker while working for ██████████. In his "Neuropsychological Assessment Report and Debriefing Note" dated 8/5/14, ██████████ offered a provisional diagnosis of Major Depressive Disorder, recurrent, severe. The request under review is for an initial psychiatric evaluation and follow-up psychiatric treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric evaluation and treatment weekly for 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398, Chronic Pain Treatment Guidelines Psychological Treatment.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter

Decision rationale: The CA MTUS does not address the use of psychiatric evaluations not follow-up psychiatric treatment therefore, the ACOEM guideline regarding referrals as well as the Official Disability Guideline regarding office visits will be used as references for this

case. Based on the review of the medical records, the claimant sustained a head injury in June 2013. He completed a neuropsychological evaluation with [REDACTED] on 8/5/14. In that report, [REDACTED] was unable to offer specific information as the claimant's test results were invalid. He did however, diagnose the claimant with Major Depressive Disorder and recommend a psychiatric evaluation. The request under review is based upon [REDACTED] recommendations. Although the claimant appears to be in need of a psychiatric evaluation, follow-up treatment cannot yet be determined without having been evaluated. As a result, the request for a "Psychiatric evaluation and treatment weekly for 3 months" is not medically necessary.