

<b>Case Number:</b>	CM14-0022552		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	12/19/2013
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 injured worker is a 44-year-old female with an injury reported on 12/19/2013. The mechanism of injury was described as verbal abuse and harassment by the injured worker's new manager at her place of employment. The clinical note dated 01/29/2014 reported that the injured worker complained of significant emotional symptoms that impacted her activities of daily living and her ability to work. It was reported that despite the injured worker's mental condition she has continued to perform her regular work functions. It was also noted that the new manager took the position approximately 3 years ago and the harassment began approximately 2 years ago. The examination revealed depressed affect, memory difficulties, anxious and sad mood, nervousness, bodily tension, and apprehensiveness. The injured worker's diagnoses included depressive disorder, anxiety disorder, insomnia related to anxiety disorder, stress-related physiological response affecting headaches. It was noted that the injured worker's GAF score was 60. The clinical note dated 05/11/2014 reported that the injured worker remained working. The injured worker verbalized that there have been numerous instances of discrimination and hostility which caused stress at work. The injured worker's prescribed medication list included Zoloft 25 mg daily and Vistaril as needed for anxiety. The provider requested psychiatric evaluation with 6 monthly follow-ups to decrease the frequency and intensity of the injured worker's depressive and anxious symptoms and improve the injured worker's duration and quality of sleep. The provider also requested office consult; the rationale was not provided within clinical documentation. The request for authorization date was not submitted within the clinical notes. The injured worker's prior treatment included a psychological evaluation rendered on 01/29/2014 by a [REDACTED].

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PSYCHIATRIC EVALUATION AND SIX (6) MONTHLY FOLLOW UP VISITS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
PSYCHOLOGICAL EVALUATIONS Page(s): 100-101.

**Decision rationale:** The request for psychiatric evaluation and 6 monthly follow-up visits is not medically necessary. The injured worker complained of significant emotional symptoms that impacted her activities of daily living and the ability to work. It was also reported despite the injured worker's mental condition, she continued to perform her regular work functions. The provider requested the psychiatric evaluation to treat the injured worker's frequent depressive and anxious symptoms and to improve her duration of quality of sleep. The California MTUS guidelines state psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting and/or aggravated by the current injury or are work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The interpretations of the evaluation should provide clinicians with a better understanding of the patient in their social environment, thus allowing for more effective rehabilitation. It is noted that the injured worker has had a psychological evaluation. The treatment was rendered on 01/29/2014. The psychiatric evaluation request is not a prospective request; there is a lack of clinical information indicating the need for an additional psychiatric evaluation. It is noted that the injured worker's prescribed medication included Zoloft and Vistaril. There is a lack of clinical information indicating the injured worker's anxiety and depression was unresolved with the medication. Given the information provided, there is insufficient evidence to determine appropriateness to warrant medical necessity; therefore, the request is not medically necessary.

**OFFICE CONSULT:** Upheld

**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) PAIN,  
OFFICE VISIT.

**Decision rationale:** The request for office consult is not medically necessary. The injured worker complained of significant emotional symptoms that impacted her ability to perform her ADLs (activities of daily living) and her work responsibilities. The treating physician's rationale for office consult was not provided within the clinical documentation. The Official Disability Guidelines recommend an office visit to be medically necessary. Evaluation and management of outpatient visits to the offices of medical doctor(s) is a critical role in the proper diagnosis and

return to function of an injured worker. 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 of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient. The treating physician did not specify the rationale for office consult. Furthermore, the specific type of office consult was not provided in the clinical noted. Given the information provided, there is insufficient evidence to determine appropriateness to warrant medical necessity; therefore, the request is not medically necessary.