

<b>Case Number:</b>	CM14-0027438		
<b>Date Assigned:</b>	03/07/2014	<b>Date of Injury:</b>	11/30/2004
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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 licensed 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 53 year-old male with a date of injury of 11/30/04. The claimant sustained injury to his psyche when a co-worker fell out of a helicopter and died. The claimant sustained this injury while working for 68-Human Relations Commission. In a recent PR-2 report dated 2/9/14, MFT, [REDACTED], diagnosed the claimant with Major depressive disorder. Subsequently, in his Reevaluation Report Request for Authorization for Further Psychiatric Treatment dated 2/20/14, [REDACTED] diagnosed the claimant with Major depression NOS with anxious features and Mood disorder. Prior diagnoses from previous physicians have included Bipolar disorder and PTSD. The claimant has been treated via psychological services and psychiatric/medication management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**REFERRAL/INITIAL EVALUATION AT [REDACTED] PROGRAM:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404.

**Decision rationale:** Based on the review of the medical records, the claimant has been receiving psychological and psychiatric services for some time. He recently transferred services from therapist, [REDACTED], to MFT, [REDACTED]. He also transferred services from psychiatrist, [REDACTED], to psychiatrist, [REDACTED]. Given the vast amount of services already completed, the records submitted for review are minimal. In [REDACTED] latest re-evaluation report dated 2/20/14, it is noted that the claimant appears stabilized on his current medication regimen. The request under review appears to have been generated from [REDACTED] discomfort over treating the claimant using the medication regimen that he had been on from [REDACTED]. With that being said, the request does not appear necessary at this time since the claimant appears stable. If it comes to a point in which [REDACTED] needs to refer the claimant to another psychiatrist, this can be established. However, at this time, the request for a referral/initial evaluation at [REDACTED] [REDACTED] program is not medically necessary.