

<b>Case Number:</b>	CM14-0035785		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	06/07/2000
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 Psychiatry and is licensed to practice in Illinois and Wisconsin. 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 patient is a 54-year-old male who was injured in June of 2000. The patient apparently has a fairly lengthy history of having been in psychotherapy off and on through the years. He has been prescribed medication by a primary care physician, apparently in consultation with psychologists. He had an initial trial of amitriptyline, which he did not tolerate well and he has been on Celexa for several years. He has a history of a driving under the influence (DUI) and acknowledges drinking 2-3 beers per night, and occasionally has a brandy afterwards, but denies substance abuse. In January of this year, a psychiatric evaluation was done with the finding that he was at maximal improvement from the psychiatric standpoint. Ongoing psychotherapy was recommended, 15 sessions per year for three years. A diagnosis of Major Depression in partial remission was indicated at that time. Coverage for unknown psychiatric visits is requested and has been denied. This is an independent review for medical necessity for the requested unknown psychiatric visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown psychiatric visits:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400-401, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** The above-cited guideline indicates that specialty referral is indicated after symptoms continue for more than six to eight weeks. The records reviewed indicate that the patient has struggled with depression for years and yet there has been no psychiatric input and there is no indication that the efficacy of his psychiatric medication has been evaluated or changes have been considered. Furthermore, there is reason to believe that substance abuse may be complicating his recovery. A specialty evaluation and follow up with a psychiatrist therefore appears to be medically necessary according to the above-cited evidence based standard as well as the dictates of current standards of best medical practice. Therefore, the request is medically necessary.