

<b>Case Number:</b>	CM14-0049101		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	10/07/2011
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	03/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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 29 year-old female with a date of injury of 10/7/11. The claimant sustained injury to her psyche when she was the first to find a tenant dead following a completed suicide while working. In March 2014, the patient was hospitalized and was diagnosed with major depressive disorder, severe, with psychotic features and post-traumatic stress disorder. The claimant has been treated via psychotropic medications, individual and group psychotherapy, EMDR, and inpatient hospitalization. It also appears that she began an outpatient program in March 2014, but only attended one or two days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ongoing psychiatric care and treatment QTY: 6:** Overturned

**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 Illness and Stress Chapter.

**Decision rationale:** The CA MTUS does not address the use of psychiatric treatments therefore, the ODG regarding the use of office visits will be used as reference for this case. Based on the

review of the medical records, the claimant has been receiving psychological and psychiatric services including individual and group psychotherapy, EMDR, and medication management services. She has also been hospitalized due to exacerbation of symptoms with her latest hospitalization in March 2014. Although there are records from her psychologist and inpatient settings, there is only one report from her treating psychiatrist, dated 1/10/14. In that report, the claimant is not doing very well. She is very nervous, anxious, and irritable. She continues to be very agitated, having flashbacks and nightmares. He recommended some changes in her medications. It is clear that the claimant had been struggling earlier this year and had to eventually be hospitalized in March. Because of the nature of the claimant's diagnosis and symptoms, it is evident that the claimant requires consistent psychological and psychiatric services. As a result, the request for additional psychiatric visits appears reasonable. As a result, the request for ongoing psychiatric care and treatment QTY: 6 is medically necessary.