

<b>Case Number:</b>	CM14-0054095		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	01/06/2012
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2014

### 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 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:

Injured worker is a 54 year old female with date of injury 1/6/2012. Date of the Utilization Review (UR) decision was 4/15/2014. Report dated 5/2/2014 suggested that she has been attending groups and has been following up with a Psychiatrist, which she was finding helpful with both mood and sleep. She reported some thoughts wishing she were dead but denied any active suicidal ideations or plan. Report dated 3/22/2014 indicated that she had just undergone carpal tunnel surgery, reported feeling tired, lacked energy or motivation. She was continued on Zoloft 200 mg at bedtime, Trazodone 200 mg nightly, Ambien 5-10 mg at bedtime, and was started on Wellbutrin 150 mg in mornings at that visit. Report dated 3/21/2014 documented that she reported persisting suicidal thoughts especially when reminded of industrial injuries. Objectively she appeared sad, anxious, apprehensive, with poor concentration and memory. A report stated that she was at high risk for suicide due to significant levels of pain and persisting thoughts of death requiring continued mental health intervention. She has been diagnosed with Major Depressive Disorder, Generalized Anxiety Disorder, Female Hypoactive Sexual Desire and Insomnia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Office Emergency Services/Crisis Intervention as needed QTY: 1.00: Upheld**

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

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

**Decision rationale:** Upon review of submitted documentation, there is evidence that the injured worker was experiencing persisting thoughts of death. Report dated 3/21/2014 documented that she reported persisting suicidal thoughts especially when reminded of industrial injuries. Objectively she appeared sad, anxious, apprehensive, with poor concentration and memory. Report also stated that she was at high risk for suicide due to significant levels of pain and persisting thoughts of death requiring continued mental health intervention. However, there is no mention of any imminent danger to herself in form of any active suicidal ideations or a plan which would require crisis intervention. The request for Office Emergency Services/Crisis Intervention as needed QTY: 1.00 is not medically necessary and appropriate.