

Case Number:	CM14-0060989		
Date Assigned:	07/09/2014	Date of Injury:	07/28/2011
Decision Date:	08/08/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	05/01/2014

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:

The injured worker is a 55 year old male with date of injury 7/28/2011. Date of the UR decision was 4/3/2014. Mechanism of injury was work related stress. Psychologist report from 3/13/2014 suggested that there was an improvement in general emotional and psychological functioning but he continued to exhibit sad mood, nervousness, apprehension and demonstrated body tension on the examination. Psychologist report from 2/24/2014 listed injured worker's subjective complaints as having difficulties controlling emotions, communicating, sleeping and making decisions. He felt sad, tired, irritable, fearful, nervous, helpless, restless, anxious and depressed. He reported 2lb increase in weight, trouble with memory and decline in sexual desire. Objective findings included sad mood, nervous, apprehensive and demonstrated body tension. Diagnosis listed in the report based on the symptoms and presentation were Depressive disorder NOS, Anxiety disorder NOS and Insomnia. The submitted documentation suggested that the injured worker had been in weekly group therapy since 2011 and has received at least 62 sessions. Psychiatrist report dated 12/21/2013 indicated that he was being prescribed Fluoxetine 40 mg for anxiety/depression and Trazodone 50 mg nightly for sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult follow up in 45 days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405. Decision based on Non-MTUS Citation ODG-TWC Mental Illness & Stress Procedure Summary updated 3/14/14.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness, Office visits Stress related conditions.

Decision rationale: The injured worker is a 55 year old male who developed psychological problems due to work related stress. Psychologist report from 3/13/2014 suggested that there was an improvement in general emotional and psychological functioning but he continued to exhibit sad mood, nervousness, apprehension and demonstrated body tension on the examination. Psychologist report from 2/24/2014 listed injured worker's subjective complaints as having difficulties controlling emotions, communicating, sleeping and making decisions. He felt sad, tired, irritable, fearful, nervous, helpless, restless, anxious and depressed. He reported 21lb increase in weight, trouble with memory and decline in sexual desire. Objective findings included sad mood, nervous, apprehensive and demonstrated body tension. Diagnosis listed in the report based on the symptoms and presentation were Depressive disorder NOS, Anxiety disorder NOS and Insomnia. The submitted documentation suggested that the injured worker had been in weekly group therapy since 2011 and has received at least 62 sessions. According to CA MTUS guidelines "Frequency of follow-up visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. "The injured worker has had over 60 sessions of group therapy and does not meet the criteria, per the guidelines for further psychological treatment. The request for consult follow up in 45 days is not medically necessary.