

<b>Case Number:</b>	CM15-0010541		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	03/09/2012
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/19/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Psychologist

### 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 46 year old female, who sustained an industrial injury on 3/9/2012. After returning to work full time, she has reported re-injury 4/15/14, 4/30/14 and found to be totally disabled again since 5/9/14. The diagnoses have included major depressive disorder, with anxious distress, insomnia, moderate severity somatic symptoms, and workplace injuries including burning feet, and injuring right forearm. Treatment to date has included aripiprazole 2mg, sertraline 100mg, lorazepam 0.5mg, and amlodipine 5mg daily, and individual psychotherapy sessions. Currently, the IW complains crying frequently, of feeling blue, distressed, frequent unpleasant thoughts repeating, temper outbursts, self blame, and decreased interest in activities, feeling watched and talked about, restless and disturbed sleep, frequent arguments and feeling afraid to leave the house alone occasionally, and additional psychological complaints. Psychiatric evaluation dated 12/2/14, documented objective findings including severely exacerbated multiple symptoms clusters since a closed head injury 10/2/14. Plan of care included continuing psychotherapy sessions twice a week for or increased dosages of medications for the next six (6) weeks or more. On 12/26/2014 Utilization Review non- certified psychotherapy two (2) or more sessions for six (6) weeks, Evaluation and Management (E&M) office visit at the end of planned treatment, psychometric symptom severity testing once two (2) hours at the end of planned treatment, and disability re-evaluation at the end of planned treatment, noting the services requested were not medically necessary for an established patient. The MTUS and ODG Guidelines were cited. On 1/19/2015, the injured worker submitted an application for IMR for review of office visit testing re-evaluation.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Disability Re-evaluation at the end of the planned treatment, quantity: 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Mental Illness & Stress (updated 11/12/2014)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-101. Decision based on Non-MTUS Citation Mental Illness and Stress Chapter

**Decision rationale:** Based on the review of the medical records, the injured worker has continued to experience psychiatric symptoms since her initial injury, but they have been exacerbated by subsequent injuries. Despite the symptom exacerbation, an office visit with possible psychological testing for a disability re-evaluation at the end of the planned treatment is premature at this time. As a result, the request is not medically necessary.