

<b>Case Number:</b>	CM15-0140349		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	12/18/2012
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	07/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for posttraumatic stress disorder (PTSD) reportedly associated with an industrial injury of December 18, 2012. In a Utilization Review report dated July 16, 2015, the claims administrator failed to approve a request for a follow-up visit with a psychiatrist. A June 29, 2015 order form was referenced in the determination. Office visits of June 22, 2015 and April 21, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. In a July 16, 2015 office visit, the applicant's psychiatrist reported that the applicant had ongoing issues with depression and posttraumatic stress disorder reportedly attributed to an industrial assault injury. The applicant was asked to continue Prozac and Remeron. The applicant's work status was not detailed. In an earlier note dated June 29, 2015, the applicant was described as having ongoing issues with depression, nausea, headaches, and dizziness with associated symptoms of sleeplessness and headaches. It was suggested that some of these issues could represent medication side effects. Remeron and Prozac were endorsed. The applicant was not working and was receiving disability benefits, it was reported.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow up office visit with psychiatrist QTY: 1.00:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

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

**Decision rationale:** Yes, the request for a follow-up visit with a psychiatrist was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 398, applicants with more serious mental health issues may need a referral to a psychiatrist for medication therapy. Here, the applicant was seemingly off work. The applicant had a variety of depressive symptoms and attendant complaints of insomnia; it was reported on multiple office visits, referenced above. The applicant was using at least two different psychotropic medications, Remeron and Prozac. Obtaining a follow-up visit with the applicant's psychiatrist was, thus, indicated for medication management and/or disability management purposes, at a minimum. Therefore, the request was medically necessary.