

Case Number:	CM15-0166202		
Date Assigned:	09/03/2015	Date of Injury:	06/05/2007
Decision Date:	10/13/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/24/2015

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 64 year old female who sustained an industrial injury on 06-05-2007. She reported an injury to the left knee. According to the most recent progress report submitted for review and dated 04-23-2015, the injured worker had been treating for depression. She reported that her mood was well. She felt much better. She was on Celexa 40 mg. She reported that she felt much better in general. She reported that her sleep was good. Her energy was improved. Diagnosis included major depressive episode severe in remission. The treatment plan included Celexa 40 mg. She was currently not working. An authorization request was submitted for review. The requested services included psych follow up and Celexa. On 07-30-2015, Utilization Review non-certified psychiatric follow up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric follow up: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004.

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: Office Visits.

Decision rationale: Based on the review of the medical records, the injured worker had been receiving psychotropic medication management services from [REDACTED]. In the April 2015 progress report, [REDACTED] noted significant improvements in the injured worker's depressed mood and considered her depression in remission. However, he noted that the injured worker had previously demonstrated some confusion at an earlier office visit. He recommended that the injured worker see a psychologist through [REDACTED] to address the prior confused state. The subsequent RFA was based on [REDACTED] recommendation and was a request for "psych follow-up". Unfortunately, it appears that there was a misunderstanding of the RFA and that it was a request for a psychiatric follow-up and not for psychological services. As a result, the request was denied. Unfortunately, the IMR paperwork maintained the confusion and stated that it was a request for psychiatric follow-up. Given the fact that the injured worker was deemed to be in remission and [REDACTED] did not recommend additional psychiatric visits, the request is not medically necessary. It is suggested that future requests be more specific regarding the services being requested so misunderstanding will be at a minimum.