

<b>Case Number:</b>	CM15-0202330		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	12/27/2011
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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, Arizona, Maryland  
 Certification(s)/Specialty: Psychiatry

### 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 56-year-old male, with a reported date of injury of 12-27-2011. The diagnoses include major depressive disorder, anxiety disorder, and insomnia. Treatments and evaluation to date have included psychotherapy, over-the-counter Tylenol, Aspirin, Naproxen, and Omeprazole. The diagnostic studies to date have not been included in the medical records provided. The medical report dated 09-22-2015 indicates that the injured worker reported persistent pain in the left knee, which was rated 5-7 out of 10. It was noted that the injured worker was unable to sleep due to the knee pain and constant worry about his finances. He also reported feelings of hopelessness and depression due to his identity as a worker and loss of dignity. It was noted that the injured worker attended five sessions of individual psychotherapy. As the sessions progressed the injured worker reported feeling "slightly more at peace, with a little less depression" about the changes in his life. The treating physician noted that although the injured worker showed improvement in adjustment to disability, he continued to demonstrate depression and anxiety. It was recommended that the injured worker receive further therapy sessions to address the issues. The injured worker's work status was noted as temporary totally disabled on a psychological basis. The request for authorization was dated 09-22-2015. The treating physician requested psychiatric evaluation for medication management. On 09-30-2015, Utilization Review (UR) non-certified the request for psychiatric evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychiatrist evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive behavioral therapy, Psychotherapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment.

**Decision rationale:** ACOEM guidelines page 398 states: "Specialty referral may be necessary when patients have significant psychopathology or serious medical co morbidities." Upon review of the submitted documentation, it is ascertained that the injured worker suffers from major depressive disorder, anxiety disorder, and insomnia. He has undergone psychotherapy treatment so far. There is no information regarding any trial of antidepressants or anti anxiety medications by the primary treating physician so far. A specialist referral to a Psychiatrist for medication management is not medically necessary at this time, as an initial treatment should be initiated by the primary treating physician. The request is not medically necessary.