

Case Number:	CM15-0039339		
Date Assigned:	03/09/2015	Date of Injury:	01/23/2014
Decision Date:	04/16/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/02/2015

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 37-year-old female, who sustained an industrial injury on 1/23/2014. She reports a crush injury with laceration to the right fingers after getting her hand caught between a metal trash bin and a concrete wall. Diagnoses include major depressive disorder, anxiety disorder, chronic pain syndrome and hand pain. Treatments to date include stitches to lacerations, occupational therapy, acupuncture, physical therapy and medication management. A progress note from the treating provider dated 1/6/2015 indicates the injured worker reported feeling emotionally numb, irritable and lack of ability to pursue pleasurable activities

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatrist evaluation for 3 visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 319-320.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness & Stress Topic: Office visits.

Decision rationale: ACOEM guidelines page 398 states: "Specialty referral may be necessary when patients have significant psychopathology or serious medical co morbidities" ODG states "Office visits are recommended as determined to be medically necessary. The need for clinical office visit with a health care provider is individualized based upon the review of patient concerns, signs, symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from health care system through self care as soon as clinically feasible. Upon review of the submitted documentation, the injured worker has been diagnosed with major depressive disorder, anxiety disorder secondary to the chronic pain syndrome. The request for a Psychiatric Consultation is medically necessary. However, the request for Psychiatrist evaluation for 3 visits is excessive and not medically necessary.