

Case Number:	CM15-0049539		
Date Assigned:	03/23/2015	Date of Injury:	09/09/2009
Decision Date:	05/01/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/16/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 50 year old female injured worker suffered an industrial injury on 09/09/2009. The diagnoses were depressive disorder, anxiety disorder and sleep disorder. The treatment was psychological visits. On 1/16/2015 the treating provider reported she was attending groups but is no longer due to lack of transportation and worsening financial circumstances. She continues to be frustrated by the levels of pain. Objective findings were apprehensive but cooperative with a sad and anxious mood. The treatment plan included Follow up office visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up office visit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 1068.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goldman's Cecil Medicine, 24th Edition. Chapter 13 Counseling in Behavioral Changes.

Decision rationale: The patient is a 50 year old female who had a slip and fall injury on 09/09/2009. She fell on her hand and buttocks. She had a psychiatric evaluation and had a multitude of psych sessions which she discontinued and was non-compliant. Further office visits are not medically necessary.