

Case Number:	CM15-0098804		
Date Assigned:	06/01/2015	Date of Injury:	12/26/2012
Decision Date:	07/07/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/21/2015

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: 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 injured worker was a 44 year old female, who sustained an industrial injury, December 26, 2012. The injured worker previously received the following treatments 13 psychological sessions. The injured worker was diagnosed with posttraumatic stress disorder, major depression, insomnia, headaches, gastrointestinal disturbances, nausea, and diarrhea and generalized anxiety disorder. According to progress note of April 13, 2015, the injured workers chief complaint was stress and anxiety. The injured worker reported the exposure of incidents of stress, harassment and a hostile work environment at the work place. Due to the exposure to stress, harassment and a hostile work environment with injured worker developed increased symptoms of depression, anxiety, sleep disturbances and sexual difficulties. The psychological evaluation noted the injured worker showed sadness, irritability, less energy; cry episodes, appetite and weight changes, lack of sexual desire, feelings of helplessness, feeling angry, sensitive/emotional and nervousness. The injured worker noted difficulty with concentrating, restlessness, muscle tension and dizziness. The injured worker was fearful without cause, apprehensive and chest pain/discomfort, shortness of breath, shakiness throughout the body, body sweats, and excessive worry, unsteadiness/wobbliness in the legs and numbness and tingling sensations. The injured worker was experiencing temper outbursts, flashbacks, nightmares, distressing dreams, hypervigilance, sleep difficulties, gastrointestinal disturbances, headaches, stomach aches, pains and dermatological problems. The treatment plan included a consultation with a psychiatrist for stress and depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with Psychiatrist for stress and depression: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 19-23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 100-101.

Decision rationale: The MTUS states that psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The interpretations of the evaluation should provide clinicians with a better understanding of the patient in their social environment, thus allowing for more effective rehabilitation. I am reversing the previous utilization review decision. Consultation with Psychiatrist for stress and depression is medically necessary.