

Case Number:	CM14-0116920		
Date Assigned:	08/04/2014	Date of Injury:	01/21/2000
Decision Date:	09/29/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/24/2014

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. The expert reviewer is Board Certified in Psychiatry and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injured worker is a 47 year old male with date of injury 1/21/2000. Date of the UR decision was 6/27/2014. Mechanism of injury was described to be cumulative work trauma to her neck, bilateral shoulders, bilateral wrist and hand pain. Report dated 5/15/2014 is handwritten and barely legible. It indicated psychiatric review of systems positive for joint pain, muscle spasms, sore muscles, stress and anxiety. It suggested that the injured worker had daily elbow pain, weakness, stiffness with limited range of movement which had been interfering with his activities of daily living (ADL's). Psychiatric AME dated 1/14/2014 suggested Beck Depression Inventory score of 56 (severe depression), Beck Anxiety Inventory score of 60 (severe anxiety), Beck Hopelessness Scale score of 19(severe levels of hopelessness). Per the evaluation, he was diagnosed with Depressive Disorder NOS, rule out Cognitive disorder secondary to pain and Dysthymic NOS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , Mental illness & Stress, Office visits.

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) Mental illness, Office visits Stress related conditions.

Decision rationale: Psychiatric AME dated 1/14/2014 suggested Beck Depression Inventory score of 56 (severe depression), Beck Anxiety Inventory score of 60 (severe anxiety), Beck Hopelessness Scale score of 19(severe levels of hopelessness). Per the evaluation, he was diagnosed with Depressive Disorder NOS, rule out Cognitive disorder secondary to pain and Dysthymic NOS. ODG states "Office visits: Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. " The request for Psychiatric treatment is not medically necessary since there is no information regarding what kind of Psychiatric treatment is being requested or the length of time the services are requested for.