

Case Number:	CM14-0099552		
Date Assigned:	07/28/2014	Date of Injury:	11/15/2006
Decision Date:	08/28/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	06/24/2014

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 Child and Adolescent 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:

The injured worker is a 42 year old female with a report of injury on November 15, 2006. The mechanism of injury is described as repetitive stress which led to the development of chronic pain in her shoulders and hands. This made it hard for her to do her daily activities and her job. On the June 16, 2014 progress report, the injured worker reported ongoing symptoms of depression secondary to chronic pain. These symptoms included sad mood, anhedonia, low energy, poor concentration, decreased pleasure, insomnia, decreased appetite, guilt, and feelings of hopelessness and helplessness. The injured worker was diagnosed with major depression and anxiety. The injured worker was prescribed Pristiq, Abilify and Zolpidem.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric Visits, once monthly for six months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-405. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness & Stress Chapter (Cognitive Therapy for Depression); Psychotherapy Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-405.

Decision rationale: The MTUS Guidelines indicate that a psychiatric visit is appropriate for the treatment of major depression. The frequency of visits is determined by the severity of the symptoms, whether a referral was made for additional testing and if the injured worker was missing work. The injured worker is diagnosed with major depression and has persisting symptoms which are disabling her ability to function normally. There is no documentation of the previous psychiatric appointments. The frequency of follow up visits would need to be determined by documentation of the injured worker's mental status at each appointment and cannot be predetermined on a monthly basis because the injured worker's condition might not require a return visit as frequently as once a month. A more appropriate treatment plan would be to undertake one visit and determine the frequency of additional visits based on the documented results of the first appointment therefore Psychiatric Visits, once monthly for six months is not medically necessary.