

<b>Case Number:</b>	CM14-0215494		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	05/14/2008
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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. 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:

Injured worker is a 72 year old male with date of injury 5/14/2008. Date of the UR decision was 12/12/2014. He suffered physical injuries when he fell off an 8-foot ladder. Per report dated 11/10/2014, the injured worker reported that he has had insomnia since his injury and was able to get five hours of sleep per night. He reported feeling worthless, cries occasionally about not being able to work, reported having had suicidal thoughts, but he was able to quickly dismiss them when he thinks about his dedication to his family, reported a great deal of nervousness, but no frank panic episodes. He obtained a raw score of 38 on Beck Depression Inventory indicating severe levels of depression, scored 31 on Beck Anxiety Inventory indicating severe levels of anxiety. He has been diagnosed with Adjustment disorder with mixed depression and anxiety and Dysthymia. It was suggested that in the past he was not interested in treatment with psychotherapy or psychotropic medications but he was interested in the same presently.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychiatric consultation with 5 med management visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398. Decision based on Non-MTUS Citation Official Disability Guidelines Mental illness, Office visits Stress related conditions

**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: 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 determination is also based on what medications the patient is taking, since some medicines 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 the health care system through self care as soon as clinically feasible." Injured worker has been diagnosed with Adjustment disorder with mixed depression and anxiety and Dysthymia. It was suggested that in the past he was not interested in treatment with psychotherapy or psychotropic medications but he was interested in the same presently. The injured worker could benefit from an initial Psychiatric consult and the need for future treatment depends on the recommendations of the consulting Psychiatrist. Thus, the request for Psychiatric consultation with 5 med management visits is excessive and not medically necessary.