

<b>Case Number:</b>	CM15-0048462		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	02/13/2012
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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, 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:

The injured worker is a 56 year old female, who sustained a work/ industrial injury on 2/13/12. She has reported initial symptoms of comorbid depression and post traumatic stress disorder. The injured worker was diagnosed as having post traumatic stress disorder, panic disorder with agoraphobia, and depression. Treatments to date included medication, surgery ( left shoulder arthroscopic SLAP lesion debridement, chondroplasty with microfracture, humeral defect, subacromial decompression and open distal claviclectomy in 2013, left carpal tunnel release), and psychotherapy. Currently, the injured worker complains of depression and panic attacks that had increased due to unexpected sudden discontinuation of medication. The treating physician's report (PR-2) from 1/30/15 indicated anxiety and depression with increase in nightmares and helplessness. Medications included Xanax, and Zoloft. Treatment plan included Psychiatric Treatment.

### 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:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress Chapter, Psychological Evaluations.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness & StressTopic: Office visits.

**Decision rationale:** ODG states "Office visits are recommended as determined to be medically necessary. The need for clinical office visit with a health care provider is individualized based upon the review of patient concerns, signs, symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications 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 health care system through self care as soon as clinically feasible."The injured worker has been diagnosed with post traumatic stress disorder, panic disorder with agoraphobia, and depression. Per progress report dated 1/30/15, the injured worker presented with subjective complaints of anxiety and depression with increase in nightmares and helplessness. Medications included Xanax, and Zoloft. The request for Psychiatric Treatment does not specify the type of Psychiatric treatment being requested or the number of visits. Thus, the request is not medically necessary at this time.