

<b>Case Number:</b>	CM15-0063171		
<b>Date Assigned:</b>	04/09/2015	<b>Date of Injury:</b>	06/14/2011
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2015

### 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: Psychologist

### 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 57 year old, male who sustained a work related injury on 6/14/11. The diagnosis has included severe depression. Treatment has included medication. In the PR-2 dated 1/20/15, the physician states the injured worker "is not doing well." The injured worker complains of having headaches, depression and sleeping difficulty. The physician states the injured worker "is obviously depressed". The treatment plan is a referral for the injured worker to "be seen by psych as soon as possible."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychiatric evaluation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Chapter 7-Independent medical examinations and consultations, pg 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398,Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-101.

**Decision rationale:** Based on the review of the medical records, it does not appear that the injured worker has received any psychiatric/psychological treatment despite [REDACTED] identifying symptoms of depression and diagnosing the injured worker with depression since May 2014. Although [REDACTED] 1/27/15 PR-2 report does not offer much information about the injured worker's exact presentation of depression, it is clear that [REDACTED] has observed the injured worker appearing depressed for many months. Given the fact that depression has been identified and treatment of it is beyond [REDACTED] scope, the request for a psychiatric evaluation appears reasonable. Therefore, the request for a psychiatric evaluation is medically necessary.