

Case Number:	CM15-0074971		
Date Assigned:	04/24/2015	Date of Injury:	07/23/2014
Decision Date:	06/23/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/20/2015

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 42 year old male, who sustained an industrial injury on 7/23/14. The injured worker was diagnosed as having stress, anxiety, depression and secondary sleep deprivation. Treatment to date has included acupuncture, physical therapy and psychological care. Currently, the injured worker complains of suffering from significant stress and anxiety. Physical exam noted poor concentration, over talkative, preoccupied with current symptoms, sad, anxious and appears tired. A request for authorization is submitted for in office treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

One office visit related to depression and anxiety: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Office Visits.

Decision rationale: Based on the review of the medical records, the injured worker completed an initial psychological evaluation with [REDACTED] in January 2015 and a follow-up consultation/testing in March 2015. Additionally, it appears that the injured worker has been receiving psychological services from [REDACTED] and/or his colleagues however, the specifics are unknown. There is one progress report in the record dated 3/23/15. In that report, [REDACTED] recommends that the injured worker "continue" with services. However, there is no information about the types of services that have been provided, the number of sessions completed, nor the exact progress made from those sessions. There is also one progress note dated 3/23/15, but it is illegible. Without any information regarding prior services as well as the rationale for an office visit, the request does not appear reasonable and is therefore, not medically necessary.