

Case Number:	CM15-0099230		
Date Assigned:	06/01/2015	Date of Injury:	09/30/2004
Decision Date:	07/07/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/22/2015

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:

This 65-year-old male sustained an industrial injury on 9/30/04. He subsequently reported shoulder pain. Diagnoses include right shoulder impingement and major depressive episode. The injured worker continues to experience psychiatric symptoms resulting from his work related injury. Upon examination, the injured worker's affect was not specific. Memory and concentration appeared to be intact. General fund of knowledge was average. He admits current suicidal ideation, has signed a No Self Harm Contract. A Beck Depression Inventory score of 50 is reported. A request for 8 psychiatric visits was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Psychiatric Visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101-102. Decision based on Non-MTUS Citation ODG Mental Illness and Stress.

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 has continued to experience chronic pain because of his work-related injury in 2004. He has also been experiencing psychaitric symptoms of depression and anxiety secondary to his chronic pain. The injured worker completed an initial psychaitric evaluation with psychaitrist, ■■■■■, on 3/9/15. In his report, ■■■■■ recommended psychotropic medications and 8 psychiatric/medication management follow-up visits for which the request under review is based. The ODG recommends the use of office visits however; it also states, "A set number of office visits per condition cannot be resonably established. The determination of necessity for an office visit requires individualized case review and assessment. " Utilizing this information, a request for 8 visits appears slightly excessive, as it does not offer a reasonable timer period for reassessment. As a result, the request for 8 psychiatric visits is not medically necessary. It is noted that the injured worker did receive a modified authorization for 6 psychaitric visits in response to this request.