

Case Number:	CM13-0055298		
Date Assigned:	12/30/2013	Date of Injury:	01/14/1998
Decision Date:	06/17/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/21/2013

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. The expert reviewer is licensed in Psychology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 48 year-old female with a date of injury of 1/14/98. The claimant sustained injuries to her back, neck, and upper extremities. According to medical records, the claimant was walking up some metal stairs while carrying a Styrofoam tray when she got her foot caught on a metal rim and fell forward and to the right. She slid down some stairs and landed on her right arm and hit the right side of her head. In his "Primary Treating Physician's Post Permanent and Stationary Orthopedic Re-Evaluation and Request for Authorization" report dated 9/6/13, the physician diagnosed the claimant with: (1) Cervical C5-6 disc herniation 5mm, with significant central stenosis and right arm radicular symptoms; (2) Cervical radiculopathy; (3) Status post right shoulder arthroscopic decompression and distal clavicle resection, improved symptoms; (4) Right hand small finger trigger release; (5) Right elbow lateral epicondylitis with recurrent pain; (6) Right forearm radial tunnel; (7) History of De Quervain's; (8) Right hand carpal tunnel syndrome, in remission; (9) Anxiety; (10) Depression; and (11) Obesity. She has been treated over the years with physical therapy, medications, and surgery. The claimant also sustained injury to her psyche secondary to her work-related orthopedic injury. In his request for authorization (RFA) form dated 10/24/13, the treating physician diagnosed the claimant with: (1) Major depressive disorder, single episode; (2) Generalized anxiety disorder; (3) Panic disorder with agoraphobia; (4) Breathing related sleep disorder, sleep apnea; and (5) Psychological factors affecting a general medical condition. It is the claimant's psychiatric diagnoses that are most relevant to this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) PSYCHIATRIC EVALUATION AND MONTHLY FOLLOW UP APPOINTMENTS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), MENTAL ILLNESS AND STRESS CHAPTER.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), MENTAL ILLNESS AND STRESS CHAPTER.

Decision rationale: Based on the treating physician's note dated 10/22/13, the claimant has been struggling with psychiatric/psychological symptoms for quite some time. Various evaluations have been conducted over the years with recommendations for psychological services. At this time, the claimant is unable to have recommended surgery because her anxiety is interfering with her ability to complete it. The treating physician presents relevant information warranting services however, the request for one (1) psychiatric evaluation and monthly follow up appointments encompasses not only a request for a psychiatric evaluation, but also for follow-up appointments. Without a thorough psychiatric consultation, the need for further follow-up appointments cannot be determined. As a result, although the claimant would benefit from the initial psychiatric consultation, the request for an unknown number of follow-up sessions is premature. Therefore, the request for one (1) psychiatric evaluation and monthly follow up appointments is not medically necessary.