

<b>Case Number:</b>	CM13-0014020		
<b>Date Assigned:</b>	10/02/2013	<b>Date of Injury:</b>	01/22/2010
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	08/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2013

### 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 Board Certified in Clinical 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:

This patient is a 54 year old male who reported an industrial/occupational work-related injury. The nature of the injury is continuous trauma that occurred between November 11, 2004 and January 22, 2010. At that time the patient was working for the [REDACTED] as a laundry worker where he was exposed to biohazard materials and waste including twice, scabies, urine, etc. The patient developed sinus infection and respiratory problems and pneumonia and was treated with steroids which caused subsequent weight gain and logically contributed to problems with his hip. The patient reports symptoms consistent with depression, for example: he has poor appetite in little interest in maintaining his hygiene and periods he continues to experience chronic pain in his hips, radiating into his leg worse pain on the left. He also has pain in his coccyx and in the back of his left leg. There is pain and numbness in his hands dissociative bilateral carpal tunnel syndrome especially in the fingers and thumbs. He has had nine surgeries. He remains very anxious and depressed mood for sleep feelings of uselessness and sadness over loss of functioning; he is short tempered and socially withdrawn. The patient has been diagnosed with major depressive disorder, single episode, and moderate. This request is for one psychological consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psych consult:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions, Psychological evaluation Page(s): 100.

**Decision rationale:** I have conducted a thorough and comprehensive review of all the medical records as they were provided to me which consisted of approximately 230 pages. According to the California MTUS for psychological evaluations they are recommended and are considered to be generally well accepted diagnostic procedures. The rationale provided by utilization review for non-certification of one psychological consultation was based on the explanation that there was insufficient documentation of the patient's psychological symptoms that would necessitate a psychological consultation. I disagree with this and feel it is incorrect. There is ample and exhaustive documentation of this patient's psychological symptomology which clearly demonstrates sufficient symptomology for psychological intervention. However I do agree ultimately with the non-certification for a consultation given that there are plenty of lengthy and detailed psychological summaries of this patient's condition their current and accurately stating his condition. For example on February 27, 2014 there is a lengthy discussion of the patient's condition prior to that there was another one in December of 2013 both completed by [REDACTED]. Therefore, the request for a psych consult is not medically necessary.