

<b>Case Number:</b>	CM13-0023186		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	01/01/2007
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	08/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychiatry & Neurology, has a subspecialty in Geriatric Psychiatry, Addiction Medicine 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 physician 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:

Records reviewed include 271 pages of medical and administrative records. The claimant is a 46 year old male with the diagnosis of cervicalgia. The date of injury is 11/1/07, and the nature of the injury is lifting up to 100 lbs at a time leading to pain in the neck, shoulders, and extremities. He ultimately underwent surgeries on his shoulder, elbow, and wrist. The claimant also stated that his work environment was stressful. Subsequent to his injury he developed depressed mood, sleep disturbance, and erectile dysfunction. On 3/6/08 AME Psychiatry assigns the claimant the diagnosis adjustment disorder with mixed anxiety and depression, giving the date of temporary total disability on 11/9/07. On 1/6/09 records show that he was prescribed Prozac and Ativan with improvement, and was undergoing relaxation training and group psychotherapy. On 10/5/12 a psychological evaluation shows the claimant suffering from pain in the neck, back and hands. He describes himself as nervous, having anxiety attacks, depressed, exhausted, helpless, fatigued, loss of interest, disturbed sleep, and fears death/dying. Objectively he appears dysphoric, anxious and irritable. Testing show him to be moderately to severely depressed and extremely anxious. He is given the diagnoses of generalized anxiety disorder, sleep disorder due to medical condition, and sexual dysfunction due to general medical condition. On 9/13/13 during initial psychological evaluation the claimant describes headaches and pain in his extremities, hips, abdomen, and neck. Until around a year ago he reports drinking alcohol which started with work difficulties, including hard liquor and 6 beers every day to every other day. He describes his pain as "best" when he falls asleep, "worst" in the evening/night, and varies during the day. He experiences limitations in ADL's. He reports feeling depressed. Symptoms include sadness, emotional pain, hopelessness, guilt, loss of energy, fatigue, loss of interest.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient psych evaluation for treatment of depression:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): s 100-101.

**Decision rationale:** This claimant has a well-established injury and subsequent course marked by a period of temporary total disability on 11/9/07. Records reveal that after treatment with an SSRI (Prozac) and benzodiazepine (Ativan), and relaxation and group psychotherapy he experienced improvement. Subsequently he has developed worsening of anxious and depressive symptoms off medication and has intercurrent abuse problems with alcohol and possibly opiates. With this clinical picture it is not apparent what would be gained from a repeat formal psychological evaluation. Per CA-MTUS/ODG such psychological evaluations are used to determine conditions that are pre-existing vs. those that are work related. They are also used to plan future interventions. In this case it is unnecessary to use psychological testing when the outcomes of interventions are already established. The request is therefore denied.