

<b>Case Number:</b>	CM13-0024571		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	08/22/2011
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	09/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### 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 Emergency Medicine and is licensed to practice in New York and Tennessee. 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:

This female patient was injured on August 22, 2011, while employed as a special education teacher, when a student pushed her over a chair. The patient suffered injuries to her lower back, right shoulder, neck, and face. The patient continued to experience persistent pain in her lower back, jaw, neck, teeth, and shoulders. The patient's pain has been treated with injections, medications, and muscle relaxants. A request for a Psychologist referral for depression was made on August 20, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychologist referral for depression:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section on Psychological treatment Page(s): 101-102.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines state that psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. The guidelines also state that psychological intervention includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles,

assessing psychological and cognitive function, and addressing co-morbid mood disorders. In this case the requesting provider requested a psychological referral for depression. There are no signs or symptoms of depression documented in the assessment on the day that the referral was requested. There are no indications that the patient may be depressed.