

<b>Case Number:</b>	CM13-0030047		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	01/05/2012
<b>Decision Date:</b>	01/14/2014	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/27/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This patient has a date of injury of January 5, 2012. A utilization review determination dated September 16, 2013 recommends noncertification for psychiatric referral for depression. Noncertification is recommended due to, "no mention that I could locate of a mini mental status exam or office screening positive for depression." A progress report dated September May 20, 2013 identifies subjective complaints stating, "low back pain and knees." Objective findings identify positive straight leg raise, tenderness around the paraspinals, and negative Hoffmans maneuver. Diagnoses state, "lumbar radic, spinal stenosis, stress urinary incontinence." Treatment plan recommends, "psychiatry consult regarding depression." A progress report dated September 19, 2013 identifies, "the patient reports she saw her primary care physician, who referred the patient for psychological counseling for signs of depression in addition to receiving a 2 week supply of Percocet." Physical examination states, "the patient is well developed, well nourished, female appearing her stated age and in no acute distress." Diagnosis does not include any psychological issues. Treatment plan states, "the patient is to start psychological counseling for reported depression on a nonindustrial basis." A progress report dated October 3, 2013 identifies, "the patient reports she is started psychological counseling sessions [REDACTED] [REDACTED]."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for One (1) Outpatient Psychiatric Referral for depression: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 12 Low Back Complaints Page(s): 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 391-398.

**Decision rationale:** Regarding the request for psychiatry referral, Occupational Medicine Practice Guidelines state that the initial assessment for psychiatric conditions requires careful screening for red flag diagnoses. Guidelines go on to state that if there are no red flag indicators, urgent referral is not necessary. Guidelines go on to state the primary care physicians commonly try to deal with and treat psychiatric conditions. It is recommended that serious conditions such as severe depression and schizophrenia be referred to a specialist, while common psychiatric conditions, such as mild depression, be referred to a specialist after symptoms continue for more than 6 to 8 weeks. Within the documentation available for review, there are no subjective complaints of depression listed, there are no objective examination findings with relation to the depression such as a mini mental status exam or even depressed mood identified, and there is no indication that the patient has any red flag diagnoses for which urgent referral would be indicated. Additionally, there is no indication that the patient's treating physician has attempted to treat the depression on his own prior to specialty referral. Finally, documentation indicates that the depression is being treated on a nonindustrial basis. As such, the currently requested psychiatric referral is not medically necessary.