

<b>Case Number:</b>	CM13-0034272		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	02/14/2012
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	09/13/2013
<b>Priority:</b>	Expedited	<b>Application Received:</b>	10/14/2013

### 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 and Neurology and is licensed to practice in New York. 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 case involves a 30 year-old male finish operator / machinist who sustained a work related distal left upper extremity crush injury on February 14, 2012. The patient had no occupational restrictions prior to the injury, but left the workforce on disability about one month after the incident. The patient identified no previous psychiatric history, but following the injury he experienced the insidious onset of depression, sleep difficulty, irritability and anxiety, and was diagnosed with dysthymic disorder. Due to his psychiatric symptomatology, a psychological evaluation was recommended at least twice, on February 8, 2013 and June 4, 2013. The request for an urgent psychological consultation for anxiety and depression was not certified by the insurer.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**URGENT consultation to psychologist for anxiety and depression:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS American College of Occupational and Environmental Medicine, Chapter 7, page 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23, 101-102. Decision based on Non-MTUS Citation (1) Sharp J, Keefe B. "Psychiatry in Chronic Pain: A Review and Update," FOCUS. 2006;4(4):573-580 and (2) The American

Psychiatric Publishing Textbook of Psychiatry, 5th Edition. Chapter 25, Pain Disorders, Raphael J. Leo, M.D. accessed at <http://psychiatryon>

**Decision rationale:** As chronic pain also fuels psychological morbidity, the Chronic Pain Medical Treatment Guidelines recommends "stepped-care" in systematically addressing the mental wellness impacts of chronic pain. In this model, the initial step emphasizes self-management. However, for those who "continue to experience pain and disability after the usual time of recovery," as is the case in this dispute, consultation with a psychologist is indicated. Indeed, the document goes on to say, "Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective." This conceptualization aligns well with current practice standards endorsed by the American Pain Society and American Psychological Society, both of which recommend time-limited psychological interventions, such as cognitive behavioral therapy, targeting depression and anxiety associated with pain by addressing pathologic schemas, ineffective coping strategies and problematic cognitive styles. Specialty psychological consultation is a common tool in the multifaceted treatment approach for this patient population, and represents a safe and cost effective intervention. In conclusion, since the proposed consultation is in accordance with generally accepted standards of medical practice, not primarily for the convenience of an involved party and clinically appropriate with a reasonable expectation to improve the patient's condition and prevent a more serious illness, urgent psychological consultation for anxiety and depression is medically necessary for treatment of the member's condition.