

<b>Case Number:</b>	CM13-0035215		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	06/04/2013
<b>Decision Date:</b>	03/10/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### 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 Occupational 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:

The applicant has filed a claim for closed fracture of one or more phalanges of the feet reportedly associated with an industrial injury of June 4, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and extensive periods of time off work, on total temporary disability. In a psychological evaluation of July 25, 2013, the applicant presented with issues related to subdued affect, underlying depression, and low self-esteem. The applicant was given a global assessment of functioning (GAF) of 56. Additional psychiatric modalities were endorsed. In an appeal letter of January 9, 2014, the attending provider writes that the applicant is having issues with sleep problems, depression, and disability. States that the applicant is having issues with stomach upset and hypertension. However, the applicant's blood pressure was not actually measured on September 6, 2013. The applicant was not issued any medications for dyspepsia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**psychiatric consultation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, those individuals with psychiatric conditions which persist greater than six to eight weeks should be referred to an appropriate specialist. In this case, the applicant has seemingly had psychiatric symptoms for the requisite duration of time. Obtaining the added expertise of a psychiatrist could theoretically furnish the applicant with psychotropic medications and is therefore indicated. Accordingly, the request is certified, on independent medical review.

**internal medicine consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

**Decision rationale:** While page 1 of the MTUS Chronic Pain Medical Treatment Guidelines does support a specialist evaluation in those individuals with persistent complaints which prove recalcitrant to conservative management, in this case, however, it is not clearly stated what prior treatments the claimant has or has not had. While the attending provider wrote in an appeal letter that he felt the applicant had issues with hypertension, these were not documented on the only attached progress note of September 6, 2013. The attending provider did not measure the applicant's blood pressure. The attending provider likewise did not quantify the applicant's issues with dyspepsia on the sole office visit provided. It did not appear that the applicant was even issued any medications for dyspepsia on that occasion. Pursuit of an internal medicine consultation, thus, does not appear to be supported by the records on file, as it does not appear that the applicant has been given any treatment for suspected dyspepsia, nor does the applicant appear to carry a bona fide diagnosis of hypertension for which consultation with an internist would be indicated. Therefore, the request is not certified.