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| <b>Case Number:</b>   | CM13-0040755 |                              |            |
| <b>Date Assigned:</b> | 06/13/2014   | <b>Date of Injury:</b>       | 10/21/2010 |
| <b>Decision Date:</b> | 07/24/2014   | <b>UR Denial Date:</b>       | 10/10/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/29/2013 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Psychologist and is licensed to practice in Texas. 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 expert 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 injured worker is a 58-year-old male who reported an injury on 10/21/2010. The mechanism of injury was not provided. On 03/28/2014, the injured worker presented with lumbar spine and bilateral knee pain. Prior therapy included DNA testing, urine drug screening, topical cream, and medications. On examination of the lumbar spine there was +3 tenderness to palpation over the lumbar paravertebral muscles and a muscle spasm of the lumbar paravertebral muscles. There was also +3 tenderness to palpation over the lateral knee and medial knee on the left. Diagnoses were lumbar disc protrusion, lumbar sprain/strain, left knee internal derangement, and left knee sprain/strain. The provider recommended psychological consultation. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PSYCHOLOGICAL CONSULTATION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, page 32.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404.

**Decision rationale:** California MTUS/ACOEM Guidelines state diagnosis, pattern, and severity of symptoms and the need for referral will determine treatment. All of the following can be explored as initial treatment, as helpful adjuncts to psychotherapy, or as interim relief measures while the injured worker has been waiting for the initial visit with a mental health care provider. Most injured workers with a concomitant psychiatric disorder, recovery is expected during the first few weeks provided that stressors are medicated and/or resources in coping mechanisms are enhanced. Because there is no concrete way to determine how treatment is progressing, it is suggested that injured workers keep a written journal of their progress, including details on sleeping and eating habits, exercise schedule, and handling of workload. A specialty referral may be necessary when the injured workers have significant psychopathy or serious medical comorbidities. Some mental illnesses are chronic conditions, so establishing a good working relationship with the injured worker may facilitate a referral or the return to work process. It is recognized that primary care physicians and other nonpsychological specialists commonly deal with and try to re-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 a symptom continues for more than 6 to 8 weeks. The practitioner should use his or her best professional judgement in determining the type of specialist. There is lack of significant objective examination findings to support providing the injured worker with psych treatment, that would warrant the need for a consultation. The documentation lack evidence of complaints of mental health issues, and the provider does not provide a rationale to support the request. As such the request is not medically necessary.