

<b>Case Number:</b>	CM13-0050658		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/04/2010
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2013

### 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 licensed in Psychology, 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 44-year-old female who reported an injury on 02/04/2010. The mechanism of injury was not provided for clinical review. The diagnoses included cephalgia, right shoulder impingement syndrome, right elbow medial epicondylitis, stress and anxiety, and left ankle sprain. The previous treatments included surgery, physical therapy, and 12 psychiatric therapy sessions with [REDACTED] massage, electromuscular stimulation, and medication. Within the clinical note dated 09/09/2013 it was reported the injured worker complained of feeling sad and nervous. The injured worker reported feeling frustrated and discouraged with physical condition. Upon the physical examination the provider noted the injured worker had bodily tension, apprehensiveness, close to tears, and sad and anxiety mood. The provider requested a psychiatric treatment. However, a rationale was not provided for clinical review. A Request for Authorization was submitted and dated 10/07/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychiatric treatment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23, 101-102.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

**Decision rationale:** The request for psychiatric treatment is not medically necessary. The injured worker complained of feeling sad and nervous. She reported feeling frustrated and discouraged with physical condition. The California MTUS Guidelines note psychological evaluations are generally accepted, well established diagnostic procedures only with selected use and pain problems, but also with more widespread use and chronic pain population. Diagnostic evaluation should distinguish between conditions that are pre-existing, aggravated by current injury or work related. The interpretation of the evaluation should provide clinicians with a better understanding of the patient and their social environment, thus allowing for more effective rehabilitation. Psychological tests commonly used in the assessment of chronic pain include Battery for Health Improvement, Millon Behavioral Health Inventory, Millon Behavioral Medicine Diagnostic, Pain Assessment Battery, and Millon Clinical Multi-Axial Inventory. There is not enough documentation of the extent, duration of the injured worker's issue to support the medical necessity for psychiatric treatment. The provider did not document the length of treatment requested. There is a lack of clinical documentation indicating the recommended tests had been performed. There is not enough significant objective functional gains or exceptional factors submitted warranting the medical necessity for additional psychiatric treatments. Therefore, the request for psychiatric treatment is not medically necessary.