

<b>Case Number:</b>	CM13-0061197		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/09/2012
<b>Decision Date:</b>	04/10/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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 patient is a 51-year-old female who reported injury on 08/09/2012. The mechanism of injury was when the patient's foot became entangled in a loose cord, and the patient fell. The documentation of 09/11/2013 revealed the patient took a PHQ-9 depression questionnaire test, which was noted to monitor for depression-related chronic pain. The patient scored a 15, which indicated moderately severe depression. It was indicated the physician would monitor the patient at that time. The subsequent documentation dated 10/16/2013 revealed the patient felt like her anxiety and depression was becoming worse and out of control. The patient indicated they get panic attacks. The patient tried alprazolam, which helped the symptoms, and the patient indicated that she would like a refill of the medication. It was further indicated that the patient's father passing away as of late exacerbated the patient's symptoms. The patient's diagnoses were noted to include anxiety and depression. A request was made for a psychological consultation. It was opined the patient would benefit from an evaluation by a psychologist, and the patient was recommended for a trial of Cymbalta to help with anxiety, depression, and chronic musculoskeletal pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral to a Psychologist for depression/anxiety related to a post-concussion syndrome and chronic pain/loss of function consult +3 sessions: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines Chapter 14 (Stress Related Conditions) (2004), pg 388.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

**Decision rationale:** California MTUS guidelines recommend consideration of a psych consult if there is evidence of depression, anxiety or irritability. Clinical documentation submitted for review indicated the physician had been monitoring the patient for evidence of depression and anxiety. The patient presented with depression and anxiety and took a depression questionnaire and scored in the range of moderately severe depression. A referral to a psychologist would be appropriate. However, the psychologist would need to determine the treatment, and as such, the request in its entirety for 1 referral to a psychologist for depression/anxiety related to a post-concussion syndrome and chronic pain/loss of function consult +3 sessions is not medically necessary.