

<b>Case Number:</b>	CM13-0067016		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	06/28/2007
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 Psychiatry 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 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 39 year old female injured worker with a date of injury 6/28/07 with related low back pain. Per a progress report dated 11/19/13 she rated her pain at 6-7/10 in intensity. She stated her pain was in her low back with radiation down the bilateral legs to her feet. She described her pain as stabbing, aching, and throbbing. Per a 10/24/13 progress report, she stated she no longer had follow-ups with [REDACTED], pain psychologist. However, she was seeing [REDACTED], psychiatrist for whom she paid out of pocket. She noted persistent depression and anxiety due to her chronic pain secondary to the industrial injury. The provider has requested a psychiatry consultation to evaluate and treat these complaints. The date of UR decision was 12/3/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation - Psychiatry:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398, Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-102.

**Decision rationale:** The ACOEM Guidelines page 398 states: "Specialty referral may be necessary when patients have significant psychopathology or serious medical co morbidities". Also it states: "Issues regarding work stress and person job fit may be handles effectively with talk therapy through a psychologist or a mental health professional. Patients with more serious mental health conditions made need referral to psychiatry for medicine therapy." The MTUS Chronic Pain Guidelines states that "Psychological treatment is recommended for appropriately identified patients during treatment of chronic pain." Upon review of the submitted documentation, no rationale for the purpose of Psychiatric consultation has been described. It was not specified what psychiatric services were requested or why they were necessary for the injured worker. Therefore, the injured worker does not meet criteria for a referral to psychiatry. The request is not medically necessary and appropriate.