

<b>Case Number:</b>	CM13-0067992		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	09/12/2008
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 patient is a 31-year-old female who reported injury on 09/12/2008. The mechanism of injury was a lifting injury. The documentation of 02/06/2013, an Initial Orthopedic Agreed Medical Evaluation revealed that per the review of documents on 02/17/2010 the patient was noted to have problems with anxiety, depression, emotional change and sleep difficulties and the physician opined that the patient would be recommended to a psychologist or psychiatrist. The documentation continued with a note from 10/10/2012 which revealed the physician recommended a referral to a psychiatrist or psychologist due to depression. Documentation of 11/11/2013 revealed the patient had bilateral radicular symptoms, a positive straight leg raise and bilateral L5-S1 dermatomal findings. The patient's diagnoses were noted to include cervical and lumbar HNP and the request was made for a psychiatrist evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PSYCHIATRIC EVALUATION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**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. The recent clinical documentation submitted for review failed to indicate the patient had signs or symptoms of depression, anxiety or irritability. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for psychiatric evaluation is not medically necessary.