

<b>Case Number:</b>	CM13-0071850		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	09/24/2012
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine 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 39-year-old female who reported an injury on 09/24/2012. The mechanism of injury was noted to be the patient was lifting a box of books containing approximately 50 to 60 books. The treatment the patient received was chiropractic care, a back brace, ice, and rest. The documentation of 10/14/2013 revealed the patient had a clinical history of major depression. The physician documented that per the patient she last worked in 2013 when she stopped work due to an "anxiety attack" It was noted that she was off work per her treating psychologist. The patient indicated that they had seen the same physician 8 years prior due to "major depression". The patient further indicated that the physician treating her for the depression prescribed anti-depressants and she was diagnosed with a "major depression and could not work". The patient remained under the care of that same physician as of the office visit. It was indicated the patient was alert, responsive and cooperative, and not in any apparent distress. The patient's diagnoses were noted to include lumbar disc protrusions at L4-5 and L5-S1, mild lumbar degenerative disc disease, and lumbar radiculopathy. The patient's primary treating physician documented that the patient was having stress, anxiety, depression, and difficulty sleeping, developed over the intervening time since the industrial injury. The patient indicated that they developed, as a result of chronic severe pain and inability to perform normal activities, as well as recreational activities, without pain and she indicated that she had significant stress, anxiety, and depression. The treatment plan included electrodiagnostic studies of the lower extremities, a psychiatric consultation, and possible treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 PSYCHIATRIC CONSULTATION AND TREATMENT IF NEEDED:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 116.

**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 clinical documentation indicated the patient had remained under the care of her psychologist from 8 years prior to the office visit of 2013. The patient further indicated that the physician treating her for the depression prescribed with anti-depressants. The office note indicated that the patient was alert, responsive and cooperative, and not in any apparent distress. The clinical documentation submitted for review indicated the patient stated they were having stress, anxiety, depression, and difficulty sleeping. The patient was noted to be under the treatment by the same psychologist for 8 years and was currently under treatment; however, it was noted that the patient was being prescribed anti-depressants by her primary care physician. While 1 psychiatric consultation to adequately evaluate the patient to determine an appropriate treatment plan with possible medications would be supported, the request includes treatment if needed does not specify what treatment the physician would be providing and without an evaluation of the patient, the necessity of the treatment cannot be determined. Given the above, the request for 1 psychiatric consultation, and treatment if needed, is not medically necessary.