

<b>Case Number:</b>	CM14-0003563		
<b>Date Assigned:</b>	04/04/2014	<b>Date of Injury:</b>	12/10/2007
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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 48 year old female with date of injury 12/10/2007. Date of the UR decision was 12/30/2013. Injured worker had an industrial trauma that resulted in right ankle pain, right ankle impingement, status post arthroscopic synovectomy and excision of distal fascicle of the anteroinferior tibiofibular ligament and status post right ankle superficial peroneal neurolysis, nervectomy and implantation into soft tissue anterior ankle. A report dated 11/13/2013 suggested that she was having stabbing pain in the dorsal aspect of the right foot. She also complained of heel pain which she rated as 9-10/10 without the pain medications and 7-8/10 with the pain medications. A review of systems was positive for insomnia, headaches and depression but was negative for suicidal or homicidal ideation. She was being prescribed Norco 10/325 mg four times daily as needed, Clonazepam 0.5 mg twice daily as needed and Gabapentin 600 mg twice daily.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with a psychiatrist for depression:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

**Decision rationale:** The ACOEM guidelines page 398 states: "Specialty referral may be necessary when patients have significant psychopathology or serious medical co morbidities" The injured worker suffers from right ankle pain related to industrial injury. He has undergone conservative as well as surgical treatment. The submitted documentation suggests that injured worker has complained of depression and insomnia. There is no agreed medical evaluation report that suggests that these symptoms are related to the industrial trauma. Also, there is no detailed evaluation of these symptoms in the primary treating physician's report or any attempts that have been made to treat these symptoms before a referral has been made to a specialist. The guidelines recommend specialist referred only in cases where the symptoms are significant and cannot be treated at the primary provider's level. Thus, the request for Consult with psychiatrist for depression is not medically necessary at this time.