

<b>Case Number:</b>	CM14-0104304		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	05/02/2013
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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:

Injured worker is a 60 year old male with date of injury 5/2/2013. Date of the UR decision was 07/01/2014. She was diagnosed with Cervical disc disorder, cervical stenosis, cervical radiculopathy. The injured worker also encountered a large hernia in the groin secondary to heavy lifting and repetitive motion at work. He has undergone physical therapy, pain injections and a spinal cord stimulator which failed due to infection. Report dated 5/28/2014 suggested that the injured worker presented for follow up evaluation regarding his continued complaints of headaches, neck pain, and low back pain. It was reported that he tried acupuncture therapy once, but was unsure of any benefits; he reported that the medications were helping keep edge off of the pain. It was suggested that he reported that he was still having difficulty with sleeping. Physical examination stated that the injured worker appeared to be depressed. Treatment recommendations/plan was to refill his medication including Nucynta, to continue with acupuncture therapy. He was recommended prolotherapy injections to his bilateral hips and left shoulder and was instructed to continue with his home exercise program. Psychological pre surgical evaluation dated 7/30/2014 listed diagnosis of Depressive Disorder NOS and Anxiety Disorder NOS. There is no documentation available regarding any treatment that has been tried for the same by the primary treating provider.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychologist/psychiatrist evaluation:** 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.

**Decision rationale:** ACOEM guidelines page 398 states: "Specialty referral may be necessary when patients have significant psychopathology or serious medical co morbidities". Psychological pre surgical evaluation dated 7/30/2014 listed diagnosis of Depressive Disorder NOS and Anxiety Disorder NOS. There is no documentation available regarding any treatment that has been tried for the same by the primary treating provider. The MTUS guidelines recommend specialty referral in case of significant psychopathology which is not being successfully treated by the primary treating provider. Thus, the request for Psychologist/psychiatrist evaluation is not medically necessary.