

<b>Case Number:</b>	CM14-0105821		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	12/28/2011
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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 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 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 who reported injury on 12/28/2011. The mechanism of injury was a slip and fall where the injured worker fell forward landing on her right arm and left knee. The diagnoses were noted to include cervical spine disc bulge, thoracic spine strain, lumbar spine disc rupture, bilateral shoulder derangement, bilateral carpal tunnel syndrome and left knee and foot strain. The injured worker underwent MRIs and therapy. The injured worker underwent a comprehensive psychological evaluation on 02/24/2013. The medications included Norco 10/325 mg. Documentation of 01/20/2014 revealed a treatment plan including sleep hygiene education, cognitive behavioral therapy, optimized therapy for depression, anxiety and pain if necessary, sleep diary for at least 2 weeks and actigraphy monitoring. The injured worker underwent an Electromyography (EMG) and nerve conduction studies of the upper and lower extremities and an MRI of the left foot. The injured worker underwent a Psychiatric Panel of Qualified Medical Evaluation on 03/28/2014. The injured worker's diagnoses included adjustment disorder with mixed anxiety and depression, depressed mood chronic, and a global assessment of functioning of 67.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psych consult:** 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:** The California MTUS Guidelines recommend consideration of a psych consult if there is evidence of depression, anxiety or irritability. The clinical documentation submitted for review indicated the injured worker underwent 2 psych consults, 1 in 2013 and 1 in 2014. There was a lack of documentation indicating a necessity for a third psych consult. Additionally, there was no DWC form, RFA or primary treating physician's progress report (PR-2) submitted for the request. Given the above, the request for psych consult is not medically necessary.