

<b>Case Number:</b>	CM14-0106467		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	04/30/2014
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/13/2014
<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 Child and Adolescent 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 62-year-old female who was injured at work on April 30, 2014. The mechanism of injury is described as reportedly assaulted by a patient at her job for the county. The injured worker subsequently complained of symptoms of stress, depressed mood, mood swings, increased headaches, insomnia, paresthesias in both arms, and muscle tightness of the neck. The injured worker has returned to work, but in an area where she is not likely to be physically threatened.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychiatric referral consultation and treatment:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - for Independent Medical Examinations and Consultations regarding Referrals, Chapter 7.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

**Decision rationale:** The MTUS Guidelines indicate that it is appropriate to refer individuals who lie outside of the treating physician's area of clinical expertise, or where there has been difficulty obtaining information or agreement to a treatment plan, or in cases where there has been delayed

recovery. The goal is to help promote functional recovery and return to work. The injured worker was physically assaulted at her job, and has developed mental symptoms consequently. It is appropriate to refer her for a psychiatric consultation to see if treatment is indicated. However, the request for psychiatric treatment is premature at this point, as the need for any treatment will need to be determined after the initial consultation. The request is therefore not medically necessary on this basis.