

<b>Case Number:</b>	CM14-0108238		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	12/30/1998
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 a licensed Psychologist 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 injured worker is a 53-year-old male with a reported injury on 12/30/1998. The mechanism of injury was not provided. His diagnoses consisted of status post fusion of L3 to S1, left sacroiliitis, right shoulder arthralgia, chronic pain syndrome, and lumbar facet arthropathy. The injured worker has had previous treatments of trigger point injections, acupuncture, and medial branch blocks which did provide temporary relief. The injured worker has had a history of 4 lumbar surgeries. The injured worker had an examination on 05/12/2014, with complaints of persistent low back pain rated 7-8/10. He also reported intermittent left lower extremity numbness and tingling into his foot, as well as numbness in the left buttock when bearing weight on his left side. The injured worker was utilizing a cane and a back brace with activities to assist with ambulation and support and he was performing a home exercise program daily as tolerated. He did report having depressive feelings due to his chronic pain and indicated he often felt down about himself and had fleeting thoughts of hurting himself. Upon examination, there was tenderness to palpation of his lumbar paraspinal and tenderness at the left SI joint. His range of motion to the lumbar spine was decreased throughout; his sensation was intact bilaterally to his lower extremities. He did have a negative straight leg raise test bilaterally and he did have a positive Faber on the left and a positive Gaenslen's on the left. The injured worker was also seen on 06/09/2014. There were no changes in the examination from the previous exam. The medications consisted of Vicoprofen, methadone, and ketoprofen cream. The recommended plan of treatment was to continue the medications, to have a left sacroiliac joint injection for his pain, psychological consult, and a psychiatry consult. The request for authorization was signed and dated for 05/22/2014. The rationale was for industrial-related depression and anxiety.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PAIN PSYCHOLOGIST CONSULTATION AND TREATMENT FOR INDUSTRIALLY RELATED DEPRESSION AND ANXIETY.: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluation Page(s): 100-101.

**Decision rationale:** The request for the psychologist consult and treatment for industrial-related depression and anxiety is not medically necessary. The California MTUS guidelines recommend psychological evaluations. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related, and should determine if further psychosocial interventions are indicated. Per the provided documentation, the injured worker does mention that he does feel down about himself and has fleeting thoughts of hurting himself. While a psychological evaluation may be indicated, the submitted request does not indicate the type of treatment being requested, the duration of the requested treatment, or the number of sessions being requested. Additionally, the evaluation results would be needed in order to determine whether treatment is indicated. Therefore, the request for the psychologist consult and treatment for industrial-related depression and anxiety is not medically necessary.

**PSYCHIATRIST CONSULTATION AND TREATMENT FOR INDUSTRIALLY RELATED DEPRESSION AND ANXIETY: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines psychological evaluations Page(s): 100-101.

**Decision rationale:** The request for the psychiatrist consult and treatment for industrial-related depression and anxiety is not medically necessary. The California MTUS guidelines recommend psychological evaluations. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related, and should determine if further psychosocial interventions are indicated. Per the provided documentation, the injured worker does mention that he does feel down about himself and has fleeting thoughts of hurting himself. While a psychiatrist consultation may be indicated, the submitted request does not indicate the type of treatment being requested, the duration of the requested treatment, or the number of sessions being requested. Additionally, the consultation results would be needed in order to determine whether treatment is indicated. Therefore, the request for the

psychiatric consult and treatment for industrial-related depression and anxiety is not medically necessary.