

<b>Case Number:</b>	CM14-0109616		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	08/03/2008
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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 Illinois and Wisconsin. 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:

This is a 30 year old male who was injured in August 2008. He apparently has had some residual pain and has been on Norco over the long term. The patient also has been smoking marijuana ostensibly for pain control. Apparently the provider is seeking a psychiatric evaluation related to the long term use of the medication. The previous reviewed denied coverage for the evaluation based on lack of medical necessity. This is an independent review of the previous denial of coverage for the requested psychiatric evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychiatrist Referral:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 398, Chronic Pain Treatment Guidelines Page(s): 78.

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

**Decision rationale:** The records submitted do not document any psychiatric complaints or abnormal mental status findings. ACOEM Guidelines indicate that "Specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities". They indicate that "that primary care physicians and other non-psychological specialists

commonly deal with and try to treat psychiatric conditions" and recommend "that serious conditions such as severe depression and schizophrenia be referred to a specialist, while common psychiatric conditions, such as mild depression, be referred to a specialist after symptoms continue for more than six to eight weeks". Given this information and the lack of documentation of psychiatric symptoms, a psychiatric referral is not medically necessary according to the evidence based best practice standards cited in the ACOEM Guidelines.