

<b>Case Number:</b>	CM14-0150080		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	05/03/2010
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	09/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 Clinical Psychology 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:

According to the records provided for this IMR, this patient is a 52 year-old male who reported a work-related injury that occurred on May 3, 2010 while working as a photographer for [REDACTED]. On the date of injury the patient reported that he experienced the onset of low back pain when he crawled into a confined space to reach a printer he stated that he reported his symptoms to a supervisor after he finished cleaning the printer is not referred for medical care. Continue to work per his supervisor's instructions on cleaning the floor on his hands and knees when he noticed low back pain increasing with radiating to his left hip and to the front of his right leg. He continued to work with modification and received treatment and physical therapy, lumbar steroid injections with the pain continuing. Imaging and nerve studies revealed: degenerative desiccation at L3-4, L4-5, and L5-S1; and 2 mm broad-based L4-5 disc protrusion with annular fissure. Medical diagnoses include lumbar sprain and subluxation with muscle spasms, spinal stenosis, annular tear, degenerative disc disease. There is also L4 and L5 nerve impingement. He reports sciatic radiating nerve pain. The patient reports pain in his low back, left hip, and left lower extremity. The remained of this review will focus on his psychological and psychiatric symptomology as it pertains to the current request. He reports difficulty sleeping at night that is probably as a result of stress issues use of pain medication patches and TENS unit are helping manages symptoms he continues to work for [REDACTED] and they are accommodating his restrictions. A request for the medication Ambien to help with sleep was denied. On August 7, 2014 complained of difficulty dealing with his pain condition and reported depression the plan was to include psychiatric evaluation and treatment for his depression and renewal of medications. The primary treating physician reevaluation note of August 7, 2014 states that he is still having pain and it is beginning to really affect him and cause depression he is having a hard time dealing with the pain. No further information was provided. A request for a psychiatric

evaluation and treatment was made, and was not certified with utilization review allowing for a modification of the request to certify psychiatric evaluation only. The utilization review rationale stated: "the patient has had back pain for years there is very little documentation of any psychological issues, but the patient complained of difficulty sleeping in the past and now complains of depression. Given the duration of his back pain, a psychological evaluation is medically necessary. The request is modified to approve a psychiatric consultation/evaluation only. Further therapy will await the recommendation of the specialist."

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Psychiatric consultation (examination and treatment) related to a back injury:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, Consultations

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398., Chronic Pain Treatment Guidelines Behavioral Interventions, Psychological Evaluation, Psychological Treatment Page(s): 100; 10.

**Decision rationale:** The ACOEM states that "specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities. It is recognized that primary care physicians and other non-psychological specialists commonly deal with and try to treat psychiatric conditions. It is recommended that serious conditions such as severe depression and schizophrenia be referred to a specialist, while common psychiatric conditions such as a mild depression, may be referred to a specialist after symptoms continue for more than 6 to 8 weeks... Patients with more serious conditions may need a referral to a psychiatrist for medicine therapy." The MTUS treatment guidelines is nonspecific for psychiatric evaluations, however it does provide recommendations for psychological evaluation. The guidelines cited by the utilization review were for a psychological evaluation and psychological treatment. Psychological evaluations are recommended procedures. They are generally accepted, well-established diagnostic procedures not only with selective use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury or work-related. Psychosocial evaluations to determine if further psychosocial interventions are indicated. With regards to psychological treatment, it is recommended for appropriately identify patients during the treatment for chronic pain. Psychological intervention for chronic pain include setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing comorbid mood disorders such as depression, anxiety, panic disorder, and posttraumatic stress disorder. With respect to this patient, there is no indication of serious psychopathology. There is mention of depression and sleep difficulties with no further details provided. The utilization review decision correctly allowed for a modification of the request so that the patient could have a psychiatric evaluation with future treatment pending the outcome of that. The medical records that were provided for this review did not establish the medical necessity of a psychiatric evaluation and treatment.

Although it is not required, treatment considerations should come forth out of the evaluation rather than before it is completed. The medical necessity of a psychiatric evaluation and treatment has not been established.