

<b>Case Number:</b>	CM14-0169275		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	12/06/2012
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 independent medical review, this patient is a 55 year-old female who reported an industrial injury that occurred on December 6, 2012. There is also a continuous trauma injury of December 6, 2011-December 6, 2012. The injury occurred during her employment as a caregiver for [REDACTED]. The acute injury occurred when she assisted a patient transfer from toilet to wheelchair and experienced pain in her arm and back. She reports bilateral shoulder pain that has resulted in difficulty with overhead reaching/activity and pain at night causing sleep disturbance. The pain is described as worse on the left then on the right shoulder. A partial list of her medical issues includes: cervical sprain/strain, complete tear of the infraspinatus tendon, osteoarthritis and tendinitis. This independent medical review will focus on the patient's psychological/psychiatric symptoms as they relate to the requested treatment. There was very little documentation of any psychological or psychiatric information. There is a note from her primary treating physician indicated a prescription of Ativan for anxiety. There is a PR-2 progress report that mentions patient with anxiety and severe back pain. On June 6, 2014 there is a request for "psych consult for stress/anxiety." There is a note that refers to her having panic attacks without further detail. There is an indication that she felt an anxiety attack that occurred when talking to her boss and that she began to feel depressed after she left her job. This is the entirety of all mentions of psychological issues. There were no records of any psychological/psychiatric treatments provided. There was not an initial psychological evaluation provided indicated an assessment had been conducted. A request was made for a psychology P&S consult ML103. A rationale for the requested treatment was not provided. The request was not certified. The utilization review determination for non-certification stated: "there is no indication that the patient is suffering from any psychological distress. It is not entirely clear (by the) documentation submitted by the patient would need a psychological specific permanent and

stationary report. There is no indication anywhere in the patient's history related to this industrial claim that the patient is suffering from psychological based complaints. Therefore this request is non-certified." This IMR will address a request to overturn that decision.

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

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

#### **Psychological P&S consult ML103: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Office Visits, ACOEM page 127

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, referrals, page 127.

**Decision rationale:** The MTUS guidelines do not specifically address the requested treatment of a psychological P&S consult ML103. ACOEM guidelines do recommend that the health practitioner may refer to other specialists if psychosocial factors are present, but also that 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." With regards to this injured worker, the utilization review discussion incorrectly stated that there was no mention of psychological difficulties. There were a few scattered references to anxiety/panic attack and one mention of depression. However, the references provided were non-descriptive and contained insufficient information/details. There is no documentation that would suggest the severity or the duration of these symptoms. There was no statement of the rationale for the reason for the requested evaluation or if/how her psychological symptoms resulted from her occupational injury, and no indication of any psychological treatment. It is unclear why a distinct psychological permanent and stationary evaluation would be needed or if the evaluation could be appropriately managed under her general medical care. Therefore, the request is not medically necessary.