

<b>Case Number:</b>	CM14-0172745		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	03/24/2000
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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 licensed 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 61 year-old male who reported an industrial injury that occurred on March 24, 2000 during the course of his employment. The injury occurred during his work as a forklift operator and machine operator when he was crushed between a truck and a machine and required surgery the day after the accident, a second surgery in 2011 was also needed to his left knee and resulted in an infection requiring multiple procedures/surgeries. He reports having continued pain in the low back and bilateral knees there is difficulty with simple movements such as rising from a seated position to a standing position and difficulty bending. There is reported difficulty with bathing, washing his feet, putting on pants, socks and shoes. He was seen for a QME in psychiatry 2009 due to symptoms of severe anxiety and depression, headache, fatigue, insomnia and anorexia. He was diagnosed with the following psychiatric disorders: "Depressive Disorder Not Otherwise Specified with Some Post-Traumatic Elements, Axis II-Mildly compulsive." The medical records that were provided for this IMR were carefully reviewed and there was no recent. There is a note from June 2012 it states that the patient has become irritable and his stress tolerance decreased, that he has depression, anorexia, fatigue and bad dreams, severe anxiety. There is some debate whether he has a diagnosis of an adjustment disorder or the above listed psychiatric diagnoses. A request was made for one consultation and evaluation by a psychologist or psychiatrist to assess symptoms of stress and sleep difficulties, the request was non-certified. The utilization review rationale for non-certification was stated: "there was no indication that the patient has a diagnosis of severe depression or schizophrenia to which a referral to a specialist would be recommended and there is no documentation of symptoms of difficulty with sleep and stress that persisted beyond 6 to 8 weeks which would indicate a referral to specialty care."

## IMR ISSUES, DECISIONS AND RATIONALES

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

**One consultation with a psychologist or psychiatrist to assess symptoms of stress and sleep difficulties:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387, 398.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines part 2, behavioral interventions, psychological evaluations Page(s): 100-101.

**Decision rationale:** According to the MTUS psychological evaluations are generally accepted, well-established diagnostic procedures not only with selective use in pain problems, but with more widespread use in chronic pain populations. Diagnostic evaluation should distinguish between conditions that are pre-existing, aggravated by the current injury or work-related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. With respect to this requested treatment intervention, the patient was injured over 14 years ago, the medical records indicate prior experiences with psychiatrists, but there was virtually no documentation with regards to his prior psychological/psychiatric treatment history. The little amount of information that was provided was aged over 2 years. This information is needed in order to determine the medical necessity of the current request. Without knowing more information about whether or not he has had prior psychological or psychiatric evaluations, and if so when they were conducted, and whether they led to treatment or not (there was no information regarding psychological treatment whatsoever), the medical necessity of this request is not been established. There was no information regarding current psychiatric care in terms of psychotropic medications, overall there was insufficient information from a psychiatric/psychological perspective provided with this request. The utilization review determination for non-certification was incorrect in stating that a diagnosis of schizophrenia or severe major depression is required, it is not. But the request has to be substantiated with current and detailed information as mentioned above. Due to insufficient information, the request to overturn the utilization review of non-certification is not approved. The request is not medically necessary at this time.