

<b>Case Number:</b>	CM14-0024110		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	05/02/2013
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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 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:

The injured worker is a 23-year old female with date of injury 5/2/2013. Date of the UR decision was 2/13/2014. She fell off a lander while performing her work duties, which resulted in her injuring her left wrist and lower back. Report dated 12/17/2013 suggested that she suffers from anxiety, depression and irritability. Psychiatric diagnosis listed per that progress report were Anxiety NOS(Not Otherwise Specified), Depressive disorder NOS and Nervousness. It was documented that a Psyche consult was awaited. Progress Report dated 2/5/2014 listed that she had muscle spasms of lumbar paravertebral muscles. Psychological subjective complaints were that same as per last report i.e she suffers from anxiety, depression and irritability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PSYCH EVALUATION AND TREATMENT BASED ON OUTCOME OF EVALUATION: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PSYCHOLOGICAL EVALUATIONS.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398, Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-102.

**Decision rationale:** ACOEM guidelines page 398 states: Specialty referral may be necessary when patients have significant psychopathology or serious medical co morbidities. Also it states: Issues regarding work stress and person job fit may be handles effectively with talk therapy through a psychologist or a mental health professional. Patients with more serious mental health conditions made need referral to psychiatry for medicine therapy. Chronic Pain Medical Treatment Guidelines states that Psychological treatment is recommended for appropriately identified patients during treatment of chronic pain. The request for Psych evaluation is medically necessary, however the request for treatment based on result of evaluation is not medically necessary at it is dependent on the result of Psych evaluation. Therefore, Psych Evaluation and Treatment Based on Outcome of Evaluation are not medically necessary.