

<b>Case Number:</b>	CM14-0030240		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	11/29/2012
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 & Neurology, has a subspecialty in Addiction Medicine 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:

Records reviewed include 203 pages of medical and administrative records. The injured worker is a 51 year old female whose date of injury is 11/29/12. She worked in the capacity of assembling air conditioning parts where she stepped on a chain, twisting her right ankle. She sustained right ankle fractures and underwent open reduction and internal fixation (ORIF) on 12/10/12. She received post-operative physical therapy, after which on 12/06/13 she attested to 20% improvement. Since that time the patient continued to complain of pain and restricted range of motion. On 02/02/14 she was seen in follow up and she continued to have significant, unimproved pain with right lower extremity hypersensitivity. The patient had a psychiatric consultation with [REDACTED] on 02/14/14 at the request of her primary physician, [REDACTED]. The patient has had ankle pain since her industrial injury. She endorsed developing the onset of mental symptoms a few months after her injury due to pain and disability which were present through the date of this consultation, without significant change, and had not received psychological treatment. She complained of anxiety, tension, irritability, and quick temper most of the time, occasional crying episodes, insomnia, depression and related symptoms most of the time, sociability was low, and memory/concentration were impaired. Mood was somewhat tense and dysphoric. She denied suicidal ideation; psychotic ideation was not present in any modality. She was oriented in all spheres, insight and judgment were intact. Her diagnosis was adjustment disorder with mixed anxiety and depressed mood. She did not meet criteria for another Axis I disorder. She was already medicated with Ambien 10mg at bedtime as needed and Ativan 1mg twice per day as needed for anxiety, and no further recommendations were made. On 03/14/14 a follow up psychiatric report was almost identical to that of the original consultation of 02/14/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **One Psychiatric/Psychology consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004 page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 127-146.

**Decision rationale:** CA-MTUS does not address the issue of psychiatric consultation. ACOEM states that the practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. When a physician is responsible for performing an isolated assessment of an examinee's health or disability for an employer, business or insurer, a limited examinee-physician relationship should be considered to exist. A referral may be for: Consultation: To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. The patient already received a psychiatric consultation on 02/14/14, at which time she received the diagnosis of adjustment disorder with mixed anxiety and depressed mood. Her mental status examination was unremarkable. At the time of the consultation the patient was already taking Ambien for insomnia and Ativan for anxiety. [REDACTED] made no further recommendations for psychiatric or psychological treatment, with the exception of follow up in 4 weeks. She had subsequent follow up on 03/14/14, reiterating the findings of the original consultation, including follow up in 4 weeks. The patient appeared to have been stable with respect to her psychological symptoms. Therefore, the request is not medically necessary. CA-MTUS does not address the issue of psychiatric consultation. ACOEM states that the practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. When a physician is responsible for performing an isolated assessment of an examinee's health or disability for an employer, business or insurer, a limited examinee-physician relationship should be considered to exist. A referral may be for: Consultation: To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient.