

<b>Case Number:</b>	CM14-0039891		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	09/30/2010
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 and 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:

The injured worker is a 56 year old male whose date of injury is 09/30/2010 in which he reported the cumulative effect of repetitive trauma and harassment. The Doctor's First Report of Occupational Injury or Illness was done on 10/4/10. The patient at that time reported that his primary care physician had started him on an anxiolytic. He was diagnosed the patient with cervicgia, insomnia, and other anxiety states. He underwent physical therapy for an unknown period of time. He developed neck, low back, and lower extremity pain, as well as left arm numbness. On 05/24/14 the patient underwent a panel QME at the [REDACTED] by [REDACTED] (psychiatrist). The patient was described as having worked as a cook who experienced job stress, developed orthopedic pain primarily in his neck, low back, and right knee. He then alleged developing depression, anxiety, and sleep disturbance. Prior orthopedic notes beginning in 10/10 report bouts with anxiety, depression, and insomnia. As of this exam, he continued to experience constant pain with limited range of motion. He had gained 30-40 lbs, which he attributed to inactivity. He attested to midsleep awakening with difficulty falling back asleep, also attributing this to his pain. He was given the diagnosis of depressive disorder with features of anxiety. Symptoms included dysphoric mood, sleep disturbance with daytime fatigue and lack of energy, decreased interest and less satisfaction from previous activities, decreased libido, increased irritability, passive and fleeting suicidal ideation without plan or intent. Anxiety symptoms included difficulty relaxing with feelings of nervousness and tension, persistent concerns about his orthopedic condition, and persistent worries about his family and how he will support them in the future. Beck Depression Inventory=46 (severe), Beck Anxiety Inventory=31 (severe). On these, and other testing, it was felt that the patient did not produce a valid profile due to over-reporting. [REDACTED] felt that although part of his psychiatric symptoms were due to workplace stressors, part were due to his orthopedic pain and

physical limitations. Four months of weekly individual psychotherapy were recommended. A psychiatric re-evaluation was recommended in 4-6 months was also recommended as his psychiatric condition had not reached permanent and stationary status as yet. On 06/06/14, a primary treating physician's pain management evaluation notes continued pain in both knees, neck and low back. There is mention of depression and anxiety. He was diagnosed with cervical sprain/strain and chronic lumbar pain, both with radiculopathy. Medications included Tramadol 50mg and gabapentin 300mg.

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

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

**Psychiatric Consultation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 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 127.

**Decision rationale:** Per ACOEM, a 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. The patient has documented symptoms of depression and anxiety, which are detailed in the QME of 05/24/2014 performed by [REDACTED]. Standardized testing was performed and although it was felt that the patient over-rated his symptomatology, he was nonetheless diagnosed with depressive disorder not otherwise specified with anxiety features. Individual psychotherapy was recommended on a weekly basis. As of the last report of 06/06/14 (pain management), the only medications noted were Tramadol and gabapentin. A psychiatric consultation to assess whether a trial of psychotropic medication (with or without psychotherapy) would be beneficial to the patient and potentially prevent the progression of his symptoms to a higher severity which would subsequently require a higher level of care. As such, this request is medically necessary.