

<b>Case Number:</b>	CM14-0045117		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	07/10/2013
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	04/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 47 year old male with a reported date of injury of 07/10/2013. The injury reportedly occurred when the injured worker stepped down and landed on uneven ground and the right foot and ankle were injured. His diagnoses were noted to include chondromalacia, medial and lateral compartment of the right knee, and dorsal right midfoot sprain. His previous treatments were noted to include medications. The progress note dated 05/08/2014 revealed the injured worker complained of right ankle pain. The injured worker indicated he was independent with his activities of daily living. The injured worker complained of problems with his right foot and described the pain as moderate that radiated into the ankle, foot, and toes. The symptoms included swelling, stiffness, stabbing pain and weakness rated 6/10. The physical examination revealed the injured worker had a history of anxiety. The Request for Authorization form dated 03/26/2014 is for a psych consult and treatment due to mood swings.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral to Psychologist: Qty 1:** 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:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404.

**Decision rationale:** The injured worker has a history of mood swings and anxiety. The ACOEM Guidelines state specialty referrals may be necessary when injured workers have significant psychopathology or serious medical comorbidities. It is recognized that a primary care physician or other non-psychological specialist 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 mild depression, can be referred to a specialist after symptoms continue for more than 6 to 8 weeks. The medical records provided for review lacks evidence of significant deficits related to the injured worker's mental health. There are no signs and symptoms or diagnoses that would be congruent for a referral to a psychologist. As such, the request is not medically necessary and appropriate.