

<b>Case Number:</b>	CM14-0073219		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	12/22/2003
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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 Board Certified in Child and Adolescent and 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 35 year old female who suffered an injury on 12/22/03 when she fell on wet tile. She subsequently complained of pain in her low back, neck, and both shoulders. She was evaluated by several orthopedic surgeons, and was seen for a rheumatologist evaluation on 3/26/14. The treating rheumatologist was unable to verify if the injured worker met diagnostic criteria for either fibromyalgia or for chronic fatigue syndrome. Symptoms included fatigue in addition to the chronic pain. The injured worker was described in the report as a pleasant female in no acute distress. The treating physician recommended a psychiatric consultation. The treating physician progress report dated 10/2/13 did not list any mental health diagnosis, and there were no documented mental health symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychiatric Consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines recommend psychological consultations as useful procedures which when incorporated into overall pain treatment have been found to have benefit by helping distinguish conditions which are preexisting from those aggravated by the work injury. They also provide treating providers with a better understanding of the injured worker in their social context, making rehabilitation easier. The additional benefit of psychiatric evaluations is in providing a medication assessment, to address specific mental diagnoses, and by targeting specific symptoms with psychotropic medications. The injured worker has no clear documented significant mental health symptoms. There is no listed mental diagnosis in the list of diagnoses provided in the treating physician's progress report. There is also no report detailing any past mental health treatments or evaluations. In the absence of this important information, there is therefore no compelling rationale for seeking a psychiatric consultation. As such, the request is not medically necessary.