

<b>Case Number:</b>	CM14-0186008		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	12/16/2012
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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 Licensed in Psychology, 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 male (██████████) with a date of injury of 12/16/12. The injured worker sustained injuries to his shoulders and back while working for ██████████. In his PR-2 report dated 10/3/14, ██████████ diagnosed the injured worker with: (1) Exacerbation of the right shoulder symptoms; (2) Cervical spine multilevel disc desiccation; (3) Broad-based disc protrusion at C3-C4 with annular tear; (4) Multilevel disc protrusion from L4-S1 without significant impingement exiting nerve roots; (5) Right shoulder impingement syndrome; and (6) Right elbow strain, improved. Additionally, ██████████ noted that the injured worker is "complaining of stress, anxiety, and slight depression secondary to this whole situation and it is slight worsening." As a result, ██████████ requested a psychological consultation which was denied on 10/24/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychological consultation due to depression, stress and anxiety related to symptoms of the right shoulder, lumbar and cervical spines:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment, Psychological evaluations Page(s): 101-102; 100-101.

**Decision rationale:** The CA MTUS guidelines regarding the use of psychological treatments and psychological evaluations will be used as references for this case. Based on the review of the medical records, the injured worker continues to experience chronic pain from his work-related injuries and has also developed psychiatric symptoms including anxiety and depressed mood secondary to those injuries and pain. A request for a psychological consultation was made by ■■■■■ as he does not treat mental health issues. The CA MTUS recommends psychological evaluations which not only offer relevant psychiatric diagnostic information, but treatment recommendations. Given the fact that the injured worker is reporting anxiety and depressed mood in relation to his chronic pain, the request for a " Psychological consultation due to depression, stress and anxiety related to symptoms of the right shoulder, lumbar and cervical spines" appears appropriate and is medically necessary.