

<b>Case Number:</b>	CM15-0145052		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	02/12/2003
<b>Decision Date:</b>	09/14/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California, Arizona, Maryland  
Certification(s)/Specialty: Psychiatry

### 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 65 year old male, who sustained an industrial injury on February 12, 2003. Treatment to date has included right knee replacement with revision. Currently, the injured worker complains of an elevated blood pressure. He had an episode of a severe headache with loss of vision. On July 21, 2014, he was evaluated and was diagnosed with a left side subarachnoid hemorrhage. He underwent aneurysm clipping. He has residual weakness on the right lower extremity. The injured worker reports that he attributes his elevated blood pressure to his stress and anxiety related to his work injuries. The diagnoses associated with the request include stress, lumbar sprain-strain, and right foot drop secondary to neuropathy. The treatment plan includes neurological evaluation and psychiatric evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psych Consult with the MPN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

**Decision rationale:** ACOEM guidelines page 398 states: "Specialty referral may be necessary when patients have significant psychopathology or serious medical co morbidities." Also it states: "Issues regarding work stress and person job fit may be handles effectively with talk therapy through a psychologist or a mental health professional. Patients with more serious mental health conditions made need referral to psychiatry for medicine therapy." The injured worker suffers from left side subarachnoid hemorrhage. He underwent aneurysm clipping. However, the detailed evaluation of symptoms do not reflect any symptoms which would indicate the need for a specialist referral at this time. The request is not medically necessary.