

<b>Case Number:</b>	CM15-0186933		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	07/30/2013
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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 53-year-old male, with a reported date of injury of 07-30-2013. The diagnoses include low back pain, neck pain, pain in the thoracic pain, unspecified sprain and strain of the left knee and leg, adjustment disorder with depressed mood, and unspecified insomnia. Treatments and evaluation to date have included Cyclobenzaprine, a functional capacity evaluation on 06-19-2014, Norco, Gabapentin, Medrox ointment, Flexeril, Laxacin, Ambien, and trigger point injection in the low back (helpful). The diagnostic studies to date have included an MRI of the left lower extremity on 09-16-2013 which showed a strain and mild partial tearing of the proximal myotendinous junction of the medial head of the gastrocnemius muscle and mild swelling; electrodiagnostic studies of the left lower extremity on 10-31-2013 with normal findings; an MRI of the left ankle on 03-06-2014; a urine drug screen on 03-17-2014 which was positive for caffeine; and a urine drug screen on 05-07-2015 with negative findings. The medical report dated 08-04-2015 indicates that the injured worker continued to complain of low back pain and muscular tightness and spasms. The treating physician noted that there was "no significant change." The injured worker requested repeat trigger point injections. He also complained of intermittent left lower extremity paresthesias, and left leg pain with sharp and tingling sensations that radiated to his groin and inner thigh to his foot. The injured worker reported neck issues, which remained the same. There was documentation that the medications continued to help preserve functionality and increased ease of activities of daily living. There was no indication of the injured worker's pain ratings. The physical examination showed flattened cervical lordosis; tenderness over the bilateral splenius capitus and cervicis muscles;

limited cervical spine range of motion due to stiffness; somewhat flattened lumbar lordosis; tenderness over the paralumbar extensors and facet joints; limited lumbar range of motion due to pain and stiffness; negative bilateral straight leg raise test; tenderness on the anterior joint line of the knee; pain with range of motion of the left knee; pain on palpation of the left ankle; agitation; fair attention; and an anxious, depressed, irritable, and uneasy mood. On 07-09-2015, the treating physician noted that the injured worker was in need for psychiatric consultation and treatment; he had progressed slowly and became more depressed. The treating physician requested one psychiatric consultation related to depression due to chronic pain. On 08-25-2015, Utilization Review (UR) non-certified the request for one psychiatric consultation related to depression due to chronic pain.

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

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

**One (1) psychiatric consultation related to depression secondary to chronic pain: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment.

**Decision rationale:** ACOEM guidelines page 398 states: "Specialty referral may be necessary when patients have significant psychopathology or serious medical co morbidities." Upon review of the submitted documentation, it is suggested that the injured worker suffers from chronic pain secondary to industrial trauma and developed adjustment disorder with depressed mood, and unspecified insomnia secondary to the same. He is being treated by the primary treating physician for pain as well as insomnia and has been prescribed Ambien. There is no detailed information regarding the depressive symptoms and there is no information regarding what treatment has been provided so far by the treating physician for the depression before a specialist referral can be indicated. Thus, the request for One (1) psychiatric consultation related to depression secondary to chronic pain is excessive and not medically necessary.