

<b>Case Number:</b>	CM15-0034763		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	01/20/2011
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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

Certification(s)/Specialty: Family Practice

### 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 42 year old male, who sustained an industrial injury on January 20, 2011. He reported neck, left shoulder and low back pain. The injured worker was diagnosed as having discogenic cervical condition, headache, discogenic lumbar condition, impingement syndrome and bicipital tendinitis of the shoulder on the left, status post decompression, biceps tendon release and stabilization, weight gain, depression and sleep issues and concentration difficulties secondary to chronic pain. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention, conservative treatments including physical therapy, TENS unit and hot and cold wraps, medications and work restrictions. Currently, the injured worker complains of neck, left shoulder and low back pain. The injured worker reported an industrial injury in 2011, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on December 22, 2014, revealed continued pain. An injection of the neck was recommended and medications were renewed. Evaluation on January 14, 2015, revealed continued pain as previously noted. It was noted he had developed anxiety and depression secondary to chronic pain. A psychiatric consultation was recommended and medications were renewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychiatry consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-101.

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

**Decision rationale:** This patient receives treatment for chronic pain involving the neck, shoulders and low back. The patient has experienced weight gain and sleep difficulties that developed since the date of injury, 01/10/2011. The treatment guidelines support psychological referrals and consultations for patients with chronic pain under certain situations. These include patients with major depression or patients with pre-existing problems that may interfere with current treatment. The documentation does not contain a PHQ-9. A PHQ-9 is a well respected screening tool to identify patients who have major depression. The documentation does not mention pertinent facts about pre-existing psychological issues that may impact current treatment. Based on the documentation, a psychiatry consultation is not medically indicated.