

<b>Case Number:</b>	CM14-0126899		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	04/05/2012
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 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:

Injured worker is a 36 year old male with date of injury 4/5/2012. Date of the UR decision was 7/29/2014. Documentation suggests that the injured worker suffered from industrial related orthopedic injuries which also resulted in psychological sequale. The AME dated 6/4/14 suggested that 45% of Psychiatric Injury is related to the orthopedic injury. Report dated 6/4/2014 documented detailed Psychiatric Diagnostic Testing. His Beck Anxiety Inventory was 13 (suggestive of mild anxiety), Beck Depression Inventory score of 15 suggesting mild depression, Hamilton Depression rating scale of 15(suggestive of moderate depression) and Hamilton Anxiety Rating scale score of 11 (suggestive of mild anxiety). His mood was described to be depressed per that report. He was given the diagnosis of Adjustment disorder with mixed anxiety and depressed mood, chronic and Personality specific developmental disorders.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Initial evaluation with a psychiatrist/record review:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; regarding psychological.

**MAXIMUS guideline:** Decision based on MTUS ACOEM 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" Report dated 6/4/2014 documented detailed Psychiatric Diagnostic Testing. His Beck Anxiety Inventory was 13 (suggestive of mild anxiety), Beck Depression Inventory score of 15 suggesting mild depression, Hamilton Depression rating scale of 15(suggestive of moderate depression) and Hamilton Anxiety Rating scale score of 11 (suggestive of mild anxiety). His mood was described to be depressed per that report. He was given the diagnosis of Adjustment disorder with mixed anxiety and depressed mood, chronic and Personality specific developmental disorders.Request for Initial evaluation with a psychiatrist/record review is medically necessary.

**psych testing:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; regarding psychological.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Mental and Stress < Psychological evaluations

**Decision rationale:** ODG states that "Psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in subacute and chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated Report dated 6/4/2014 documented detailed Psychiatric Diagnostic Testing. His Beck Anxiety Inventory was 13 (suggestive of mild anxiety), Beck Depression Inventory score of 15 suggesting mild depression, Hamilton Depression rating scale of 15(suggestive of moderate depression) and Hamilton Anxiety Rating scale score of 11 (suggestive of mild anxiety). Psychological testing was done on 6/4/2014, thus the request for another set of psych testing is not medically necessary.