

<b>Case Number:</b>	CM14-0029357		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	10/21/1997
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	02/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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 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:

The injured worker is a 41-year-old male with a 10/21/97 date of injury. The mechanism of injury was not noted. According to a 6/4/14 progress report, the patient complained of moderate back pain that is worsening. The pain has radiated to the left ankle, right ankle, right arm, left calf, right calf, left foot, right foot, left thigh, and right thigh. The patient described the pain as an ache, burning, numb, sharp, and shooting. Symptoms were aggravated by activities of daily living and relieved by heat and lying down. He reported his pain without medications at 10/10 and with medications at 6/10. He also was positive for depression and anxiety in a review of systems. Objective findings: antalgic gait; tenderness to palpation of spinous, paraspinal, lumbar, SI joints, PSIS; active painful lumbar ROM with limiting factors of pain; restricted ROM of lumbar spine; moderate spasm of lumbar spine. A brief psyche examination was done which stated the patient had good insight and was alert and oriented to person, place, and time. The patient noted that he has been fighting to have his psyche accepted for the past 4 years and his anxiety feels worse. Diagnostic impression: radiculopathy thoracic of lumbosacral; insomniac cervical radiculopathy; failed lumbar back surgery syndrome; neuropathy; chronic pain syndrome; rotator cuff sprain; depression/anxiety; pain in joint involving forearm, shoulder region, and hand; myalgia/myositis; sacroiliitis; low back pain, Depression and Anxiety. Treatment to date: medication management, activity modification, surgery, spinal cord stimulator. A UR decision dated 2/17/14 denied the request for psychiatric evaluation and treatment. There was mention of the need for the psychiatric evaluation and treatment for chronic pain syndrome assistance but not clear particularly as to what specific type of assistance is needed and not clear whether any other previous psychiatric or psychological evaluations have been done in the past, including recommendations. There was no documentation on physical examination of the patient having any particular psychiatric problems objectively to support the

need for this type of referral. There was also no clear detail provided as to what specific functional goals would need to be achieved with the requested psychiatric evaluation and treatment as well.

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

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

**Psychiatric Evaluation and Treat:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Clinical Topics. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6 page(s) 127, 156 Official Disability Guidelines (ODG) Pain Chapter.

**Decision rationale:** The CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. The patient was diagnosed with depression and anxiety and has apparently had symptoms for 4 years. In the reports dated 6/4/14, the patient stated that his anxiety feels worse, as he feels more irritable. He is noted to have a positive review of systems for depression and anxiety, and there is no indication the patient has been or currently is on any psychopharmacologic medication or in therapy. Guidelines support consultations as the primary treating physician feels is appropriate. This patient has symptoms of depression and anxiety that are beyond the scope of his pain management physician. Therefore, the request for Psychiatric evaluation and treat was medically necessary.