

<b>Case Number:</b>	CM14-0098278		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	08/12/2011
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 Neurology, Addiction Medicine, has a subspecialty in Geriatric Psychiatry and is licensed to practice in California and Texas. 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 59 year old female whose date of injury is 08/12/2011. She performed various tasks for a clothing store such as arranging clothing for displays, assisting customers, etc. She was descending a ladder when a step broke and she fell backwards onto a table, then onto the floor. Stress, anxiety, and depression are first mentioned in an exam on 09/08/11, and she was psychologically evaluated on 12/05/11 by [REDACTED]. She was diagnosed with adjustment disorder with depressed mood. Treatment recommendation was stress treatment with biofeedback and referral to a sleep clinic for her sleep disturbance. Weekly stress and pain management therapy was recommended. On 10/07/13 the patient had a maximum medical improvement psychological evaluation by [REDACTED]. Her diagnosis at that time was adjustment disorder with mixed anxiety and depressive mood. She had trouble sleeping, felt tired and fatigued, and had feelings of helplessness. Based on that evaluation/examination [REDACTED] felt that her mental condition had improved and he confirmed that the patient was no longer manifesting psychiatric symptoms. Psychiatric QME of 03/04/14 found the patient to be permanent & stationary and in no need of psychiatric treatment at that time. A PR2 of 5/14/14 reported that the patient had continued to complain of increased pain in her neck (7/10), left shoulder (6/10), left middle finger (5/10), and low back (8/10) associated with numbness and weakness. She indicated that her medication regimen helps her pain, but she experiences heartburn. Gabapentin causes her to have increased dizziness. Medications prescribed were naproxen and gabapentin. This request was made for the patient's stress, anxiety, and depression but there were no subjective complaints made by the patient or observations noted in any reports by other providers.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with Psychiatrist/Psychologist:** 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 of 127.

**Decision rationale:** On 10/07/13 the patient's adjustment disorder with mixed anxiety and depression was felt to have been improved per psychiatric evaluation, and she was no longer manifesting psychiatric conditions. Psychiatric QME of 03/04/14 found her to be permanent & stationary and in no need of psychiatric treatment at that time. There is no new documentation of subjective symptoms reported by the patient of anxiety, depression, or stress which would warrant another psychiatric/psychological evaluation. This request is therefore noncertified. Per CA-MTUS 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 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. The interpretations of the evaluation should provide clinicians with a better understanding of the patient in their social environment, thus allowing for more effective rehabilitation. For the evaluation and prediction of patients who have a high likelihood of developing chronic pain, a study of patients who were administered a standard battery psychological assessment test found that there is a psychosocial disability variable that is associated with those injured workers who are likely to develop chronic disability problems. Childhood abuse and other past traumatic events were also found to be predictors of chronic pain patients. Another trial found that it appears to be feasible to identify patients with high levels of risk of chronic pain and to subsequently lower the risk for work disability by administering a cognitive-behavioral intervention focusing on psychological aspects of the pain problem. Other studies and reviews support these theories. In a large RCT the benefits of improved depression care (antidepressant medications and/or psychotherapy) extended beyond reduced depressive symptoms and included decreased pain as well as improved functional status.