

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0153796 |                              |            |
| <b>Date Assigned:</b> | 09/23/2014   | <b>Date of Injury:</b>       | 12/29/2006 |
| <b>Decision Date:</b> | 04/15/2015   | <b>UR Denial Date:</b>       | 08/29/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/19/2014 |

### 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. 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 52-year-old female, who sustained an industrial injury on 12/29/06. She has reported pain in the low back pain and anxiety related to a heavy object falling on her. The diagnoses have included depression and anxiety. Treatment to date has included L5-S1 laminectomy, fusion, and oral medications. As of the PR2 dated 3/10/14, the injured worker reports ongoing neck and mid back pain and daily depression and anxiety. The treating physician requested a psychological consultation x 6 sessions. On 8/29/14 Utilization Review non-certified a request for a psychological consultation x 6 sessions. The utilization review physician cited a lack of medical necessity. On 9/19/14, the injured worker submitted an application for IMR for review of a psychological consultation x 6 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psych Consultation with [REDACTED] #6:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 7.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions 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." Upon review of the submitted documentation, it is ascertained that the injured worker suffers from chronic pain and psychological sequale of the same in form of anxiety and depression. A Psychiatric consultation could be clinically indicated; however, the request for Psych Consultation with [REDACTED] #6 is excessive and not medically necessary. The clinical need for further office visits can be made based on recommendation per the Consulting Psychiatrist.