

<b>Case Number:</b>	CM15-0067358		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	02/10/2009
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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: Psychologist

### 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 60 year old female, who sustained cumulative industrial injuries from October, 2002 through February 10, 2009. She reported pelvic pain, low back pain, right hip pain and an inguinal hernia, depression and anxiety. The injured worker was diagnosed as having adjustment disorder with mixed depressed and anxious mood. Treatment to date has included diagnostic studies, previous lumbar fusion, hernia repair, psychotherapy, medications and work restrictions. Currently, the injured worker complains of severe groin, back, pelvic and hip pain. She reported depression and anxiety secondary to chronic pain and physical status. The injured worker reported an industrial injury from 2002 through 2009, resulting in the above noted pain and psychological industrial injury. She was treated conservatively and surgically without complete resolution of the pain. The hernia was noted to be recurrent. She continued to have severe pain and emotional upset as well as sleep disturbances. Evaluation on October 20, 2014, revealed continued pain, sleep disturbances and depression. Psychotherapy and a psychology evaluation were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychiatric evaluation and treatment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398 B, Referral.

**Decision rationale:** Specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities some mental illnesses are chronic conditions, so establishing a good working relationship the patient may facilitate a referral for the return-to-work process. Treating specific psychiatric diagnoses are described in other practice guidelines and texts. It is recognized that primary care physicians and other non-psychological specialists commonly deal with and try to treat psychiatric conditions. It is also recommended that serious conditions such as severe depression and schizophrenia be referred to a specialist, while common psychiatric conditions, such as mild depression, are referred to a specialist after symptoms continue for more than 6 to 8 weeks. The practitioner should use his or her best professional judgment in determining the type of specialist. Issues regarding work stress and person-job fit may be handled effectively with talk therapy through a psychologist or other mental health professional. Patients with more serious conditions may need a referral to a psychiatrist for medicine therapy. A request was made for a psychiatric evaluation and treatment (unspecified quantity). The request was non-certified by utilization review. The request was resubmitted to utilization review for reconsideration and on April 15, 2015 the request was modified to allow for one psychiatric evaluation only between March 21, 2015 and June 30, 2015. The treatment (unspecified quantity) portion of the request was non-certified. This IMR will address a request to overturn that decision and to certify both the psychiatric evaluation and psychiatric treatment (unspecified quantity). This request cannot be approved as it is written. The request combines 2 different issues with the latter issue of treatment unspecified in terms of quantity. At the IMR level and unspecified quantity is the equivalent of open-ended and unlimited treatment, all requests for psychological or psychiatric treatment must have a treatment quantity associated with it. Furthermore because the request is combined with the request for the psychiatric evaluation these requests are treated as one request as an all or none decision. Although psychiatric evaluation and treatment may be indicated for this patient, the medical necessity of the request as written is not established and therefore the utilization review determination upheld, and not medically necessary.