

<b>Case Number:</b>	CM13-0053991		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/10/2012
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 patient is a 36 year old with an injury date on 10/10/12. Patient complains of ongoing lumbar pain radiating into right lower extremity per 7/25/13 report. Patient states that medications and physical therapy was not helpful to her, and desires to pursue operative intervention per 7/25/13 report. Based on the 7/25/13 progress report provided by [REDACTED] Haronian the diagnoses are: 1. lumbar disc herniation 2. lumbar radiculopathy Exam on 7/25/13 showed "range of motion of L-spine causes discomfort in flexion/extension of right side. Positive straight leg raise on right side, with pain in buttocks " [REDACTED] is requesting 4 sessions of psychiatric therapy, internal medicine consultation for epigastric pain/gastritis for hypertension, and psychological evaluation of depression/anxiety and exposure to pain. The utilization review determination being challenged is dated 10/9/13 and denies internal consult due to lack of documentation of prior trials of hypertension medicine, and denies psychological consult due to lack of documentation of patient's current psychological status. [REDACTED] is the requesting provider, and he provided treatment reports from 5/15/13 to 9/24/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Four (4) sessions of Psychiatric Therapy:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127.

**Decision rationale:** This patient presents with back pain radiating into right leg. The treating physician has asked for 4 sessions of psychiatric therapy on 7/25/13. The 9/24/13 report states patient has continuous episodes of anxiety, stress, and depression due to chronic pain. Review of the reports do not show any evidence of psychiatric therapy or a psychiatric evaluation being done in the past. ACOEM states that specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities. It is recommended that serious conditions such as severe depression and schizophrenia be referred to a specialist, while common psychiatric conditions, such as mild depression, be referred to a specialist after symptoms continue for more than six to eight weeks. ACOEM further states that frequency of follow-up visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. In this case, patient has not yet had a psychiatric evaluation and presents with significant psychopathy. The request for 4 psychiatric therapy sessions, therefore, is reasonable and medically necessary for this type of condition. The request is medically necessary and appropriate.

**Internal medicine consultation for epigastric pain/gastritis for hypertension.:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-Treatment for Workers' Compensation (TWC) Pain Procedure Summary.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127.

**Decision rationale:** This patient presents with back pain radiating into right leg. The treating physician has asked for internal medicine consultation for epigastric pain/gastritis for hypertension on 7/25/13. Patient is currently taking Prilosec, Norflex, and Tramadol and has been since 5/5/13. The 9/24/13 report states patient has "some nausea with taking her medication. She also experiences constipation. No history of ulcers." Regarding consultations, ACOEM states that the occupational 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. In this case, the patient presents with some nausea even while taking Prilosec. The requested internal medicine consultation for epigastric pain/gastritis for hypertension appears reasonable for patient's ongoing gastrointestinal pain. The request is medically necessary and appropriate.

**Psychological evaluation of depression/anxiety and exposure to pain:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127.

**Decision rationale:** This patient presents with back pain radiating into right leg. The treating physician has asked for psychological evaluation of depression/anxiety and exposure to pain on 7/25/13. The 9/24/13 report states patient has continuous episodes of anxiety, stress, and depression due to chronic pain, lack of sleep, and worry about her medical condition/future. Regarding consultations, ACOEM states that the occupational 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. Regarding psychological evaluations, ODG pain chapter recommended based upon a clinical impression of psychological condition that impacts recovery, participation in rehabilitation, or prior to specified interventions (e.g., lumbar spine fusion, spinal cord stimulator, implantable drug-delivery systems). In this case, the patient presents with anxiety and depression related to her chronic pain condition. The requested psychological evaluation of depression/anxiety and exposure to pain appears reasonable for this type of condition. The request is medically necessary and appropriate.