

<b>Case Number:</b>	CM14-0136703		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	08/17/2009
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 Family Medicine 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 32 year old female claimant that sustained a work injury on 8/17/09 involving the low back, hips and knees. She was diagnosed with thoracic spine contusion, lumbar spine contusion, left pelvis myofasciitis, lumbar disc herniation with radiculopathy and right knee contusion. She had undergone a lumbar spinal fusion of L4-S1. A progress note on 5/13/14 indicated the claimant had 4-9/10 left hip pain and stiffness in the low back. Exam findings were notable for reduced range of motion of the lumbar spine and pain with a straight leg raise on the left side. Motion of the left hip was painful. The treating physician requested 4 in office lumbar spine injections and therapy. A future request was made for a psychological consultation to manage anxiety associated with receiving injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psych Consult/Evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

**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) specialist referral and pg 127

**Decision rationale:** According to the ACOEM guidelines, a specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. In this case, the diagnosis of anxiety due to a procedure is not complex but not shown to be related to psychosocial. Anxiety due to the procedure can be reduced through further education and counseling or with anxiolytic without the need for a psychological consultation.