

<b>Case Number:</b>	CM14-0161295		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	04/11/2013
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for neck pain, low back pain, major depressive disorder, and headaches reportedly associated with an industrial injury of April 11, 2013. In a utilization review report dated September 16, 2014, the claims administrator apparently conditionally approved/partially approved a neurology consultation with a specific physician as a neurologist consultation alone, stating that non-MTUS ODG Guidelines did not discuss the need to consult a specific physician; approved a request for 6 sessions of physical therapy; and partially approved a request for 8 sessions with a psychologist as 6 sessions with a psychologist. The applicant's attorney subsequently appealed. In an emergency department note dated August 14, 2014, it was stated that the applicant had presented to the emergency department complaining of a 1-1/2-year history of back pain, nausea, vomiting, and dizziness. It was suggested that the applicant was working as a waiter. The applicant was reportedly using Butrans patches. The applicant was given IV fluids and IV analgesics. Laboratory testing was essentially unremarkable. The applicant was asked to obtain an outpatient neurosurgical consultation. It was suggested that the applicant's symptoms might be a function of Butrans patches. The applicant was given prescriptions for Naprosyn and Percocet and apparently discharged on the same. In a progress note dated August 29, 2014, the applicant reported ongoing complaints of neck pain, mid back pain, low back pain, and headaches. The applicant was reportedly using Lidoderm, Butrans patches, and senna. Authorization was sought for a neurology consultation along with 6 sessions of physical therapy while the applicant was kept off work, on total temporary disability. The attending provider posited that the applicant would be better served by obtaining treatment in a multidisciplinary program to address his physical deficits as well as his depression and anxiety issues. The attending provider stated that he was seeking the neurology consultation for the purpose of determining whether or not the

applicant's symptoms of urinary incontinence were emanating from the spine or from some other part of the body. The applicant's mental health issues were not elaborated or expounded upon on this particular office visit. In an earlier note dated April 1, 2014, the applicant was described as having ongoing complaints of low back pain, neck pain, and mid back pain. The applicant continued to report issues with urinary incontinence. The applicant stated that he was having anxiety attacks, panic attacks, and depression. The applicant stated that he had some suicidal ideations, was using Cymbalta at present, and was pending a psychiatry consultation. The applicant was kept off work, on total temporary disability. The applicant was also apparently using Prozac, it was noted. In an earlier utilization review appeal letter dated June 27, 2014, the applicant was described as having a variety of chronic pain complaints as well as depressive complaints. The applicant had apparently received a psychological evaluation and psychological counseling in July 2013, the treating provider acknowledged. The applicant was kept off work, on total temporary disability, during large portions of 2014. In a September 30, 2014, progress note; the applicant's psychologist stated that the applicant continued to have issues with anxiety, depression, and poor coping skills. Additional cognitive behavioral therapy was apparently endorsed.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Neurologist Consultation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), last updated 07/10/2014

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 92, referral may be appropriate when a practitioner is uncomfortable with treating a particular cause of delayed recovery. In this case, the requesting practitioner has suggested that he is ill-equipped to address the applicant's issues with and/or allegations of urinary incontinence. Obtaining the added expertise of a neurologist, a specialist who is likely better-equipped to address issues with urinary incontinence, is therefore indicated. Accordingly, the request for Neurologist Consultation is medically necessary and appropriate.

**Eight (8) Sessions with Psychologist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101-102.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405 398.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 398, applicants with more serious conditions may need a referral to a psychiatrist for medication therapy, while individuals with work stress, and person-job fit could be handled effectively with talk therapy through a psychologist, ACOEM notes. In this case, the applicant's conditions are more serious, pertaining to depression, anxiety, panic attacks, suicidal ideation, and psychotropic medication usage. These more serious mental health issues are better-suited for a psychiatrist to address, as suggested by ACOEM. It is further noted that the applicant has had prior psychotherapy in unspecified amounts over the course of the claim through two prior psychologists. The MTUS Guideline in ACOEM Chapter 15, page 405, further notes that an applicant's failure to improve (with psychological modalities) may be due to an incorrect diagnosis, unrecognized medical or psychological conditions, or unrecognized psychosocial stressors. In this case, the applicant's remaining off of work, on total temporary disability, despite having had unspecified amounts of psychotherapy over the course of the claim does imply a lack of functional improvement as defined in MTUS 9792.20(f) despite earlier psychological counseling. Therefore, the request for an additional 8 sessions with a psychologist is not medically necessary.