

Case Number:	CM14-0174283		
Date Assigned:	10/24/2014	Date of Injury:	04/11/2014
Decision Date:	12/31/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/20/2014

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 Adult Psychiatry and is licensed to practice in Illinois and Wisconsin. 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:

This male was injured while being employed on 04/11/2014. He complained of neck, lower back and left hip pain. An MRI of the left hip on 07/21/2014 revealed left inguinal hernia. An MRI of the left hip was performed on 07/21/2014, revealing L4-L5 and L5-S1 intervertebral discs are dislocated and L5-S1 are reduced in height, L4-L5 left posterolateral foraminal disc protrusion partially effaces the left lateral recess, causing mild to moderate left foraminal narrowing with encroachment of the left descending nerve root. L5-S1 a broad based left posterolateral foraminal disc protrusion results in moderate narrowing of the left neural foramen with encroachment of the left exiting nerve root. An annular tear was seen. An X-ray of the right hip was performed on 06/06/2014 which was noted as unremarkable. An X-ray of the lumbar spine revealed straightening of the lumbar lordosis which may reflected an element of myospasm or positional in nature and a linear densities projecting over the right lower abdomen which may reflect surgical clips. A nerve conduction study was performed on 07/22/2014 revealed slowing in the left peroneal nerve, which is consistent with left-sided polyneuropathic process, a lack of involvement of the left sural nerve implies absence of a combined sensorimotor disorder and a intact F-wave response in both left and right peroneal and tibial nerves imply unimpaired functioning of the lumbosacral plexuses, proximal peripheral nerve segments and lumbosacral nerve roots. On physical evaluation on 09/17/2014 the injured worker continued to complain of low back and left hip pain. On examination he noted to have decreased range of motion in lumbar spine with increased pain and spasms L1-L5/S1, positive straight leg raise and decreased sensation along L5-S1 dermatome. Diagnosis included neuralgia, neuritis and radiculitis unspecified, lumbar strain/sprain, major depression and anxiety. Treatment plan included an orthopedic consult, pain management consult, physical therapy, acupuncture, pool therapy and psychiatric consult for depression. He was noted to be on modified duty at work.

The Utilization Review dated 09/29/2014 non-certified the request for consultation with psychiatrist as not being medically necessary. The reviewing physician referred to the CA MTUS and ODG guidelines. The Utilization Review dated 09/29/2014 non-certified the request for consultation with psychiatrist as not being medically necessary. The reviewing physician referred to the CA MTUS and ODG guidelines. This male was injured while being employed on 04/11/2014. He complained of neck, lower back and left hip pain. MRI of left hip on 07/21/2014 revealed left inguinal hernia. MRI of left hip was performed on 07/21/2014, revealing L4-L5 and L5-S1 intervertebral discs are dislocated and L5-S1 are reduced in height, L4-L5 left posterolateral foraminal disc protrusion partially effaces the left lateral recess, causing mild to moderate left foraminal narrowing with encroachment of the left descending nerve root. L5-S1 a broad based left posterolateral foraminal disc protrusion results in moderate narrowing of the left neural foramen with encroachment of the left exiting nerve root. An annular tear was seen. X-ray of right hip was performed on 06/06/2014 which was noted as unremarkable. X-ray of lumbar spine revealed straightening of the lumbar lordosis which may reflected an element of myospasm or positional in nature and a linear densities projecting over the right lower abdomen which may reflect surgical clips. A nerve conduction study was performed on 07/22/2014 revealed slowing in the left peroneal nerve, which is consistent with left-sided polyneuropathic process, a lack of involvement of the left sural nerve implies absence of a combined sensorimotor disorder and a intact F-wave response in both left and right peroneal and tibial nerves imply unimpaired functioning of the lumbosacral plexuses, proximal peripheral nerve segments and lumbosacral nerve roots. On physical evaluation on 09/17/2014 the injured worker continued to complain of low back and left hip pain. On examination he noted to have decreased range of motion in lumbar spine with increased pain and spasms L1-L5/S1, positive straight leg raise and decreased sensation along L5-S1 dermatome. Diagnosis included neuralgia, neuritis and radiculitis unspecific, lumbar strain/sprain, major depression and anxiety. Treatment plan included an orthopedic consult, pain management consult, physical therapy, acupuncture, pool therapy and psychiatric consult for depression. He was noted to be on modified duty at work. The Utilization Review dated 09/29/2014 non-certified the request for consultation with psychiatrist as not being medically necessary. The reviewing physician referred to the CA MTUS and the ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with psychiatrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Occupation Medicine Practice Guidelines, and ODG, Low Back, Office visits

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

Decision rationale: The ACOEM Guidelines indicate that "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". The records submitted for review show only a single entry from 8/20 of this year which states that the patient is "very depressed and anxious". There is no elaboration on these symptoms and no other psychiatric symptoms were noted in any of the records. The patient is not reported to be on any psychotropic medications and it is not clear how long the symptoms have persisted. As such the data submitted for review fails to establish medical necessity for a psychiatric consultation as being supported by the evidence based guideline cited above. The request is considered not medically necessary.