

<b>Case Number:</b>	CM14-0180171		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	06/10/2013
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 58 year old employee with date of injury of 6/10/2013. Medical records indicate the patient is undergoing treatment for status post lumbar laminectomy L2-S1 and a kyphoplasty for an L1 compression fracture (8/17/13). He is being treated for low back pain and possible new left lumbar radiculopathy. Subjective complaints include severe low back pain that radiates with burning into left leg and anterior thigh. He has no weakness in feet, knees and hips. His severe low radiating back pain is a new symptom. Objective findings include tenderness from L1-L5 midline. He has spasm in the paraspinals. Bilateral legs appear to have pain and hyperalgesia upon light touch. Deep tendon reflexes are +2 to 3 out of 5 and symmetrical. Treatment has consisted of physical therapy (PT), Tylenol, Tramadol, and Ibuprofen. The utilization review determination was rendered on 10/2/2014 recommending non-certification of a referral to a Psychiatrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral to a psychiatrist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 33. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Office Visits

**Decision rationale:** MTUS is silent specifically regarding Psychiatrist consultation. Official Disability Guidelines (ODG) states concerning office visits "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible". ACOEM states regarding assessments, "The content of focused examinations is determined by the presenting complaint and the area(s) and organ system(s) affected." And further writes that covered areas should include "Focused regional examination" and "Neurologic, ophthalmologic, or other specific screening". The treating physician in the same physician's progress report also requested a referral to an orthopedic spine specialist. The request for an orthopedic spine specialist was approved. The purpose of this consultation was to aid in properly diagnosing and treating the patient. As such, the request for Psychiatrist is not medically necessary at this time.