

<b>Case Number:</b>	CM14-0059504		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	01/25/2012
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	04/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2014

### 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 Psychiatry 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 injured worker is a 56-year-old male with date of injury 1/25/2012. Date of the UR decision was 4/14/2014. Mechanism of injury was motor vehicle accident when another vehicle running through a red light hit the driver side of his company's truck. He had undergone treatment with epidural steroid injections and facet joint injections. Report dated 5/28/2014 indicated that his left shoulder symptoms have completely resolved but he had been experiencing constant, slight low back pain, which became moderate with certain activities. Report dated 5/2/2014 listed the current symptoms as low back pain primarily on the right side with spasms. He was noted to have tingling electricity like sensations down the thigh and calf depending on the activity. The medications being prescribed for him were Skelaxin, Hydrocodone, Zolpidem and Aleve. There is no detailed assessment of any psychological issues that the injured worker has been experiencing or any attempts made to treat the symptoms before a specialist referral is required.

### 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 Practice Guidelines, Chapter 7 Independent Medical Examinations and Consultations, page 127.

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

**Decision rationale:** The injured worker is a 56-year-old male who was injured in a motor vehicle accident when another vehicle running through a red light hit the driver side of his company's truck. He had undergone treatment with epidural steroid injections and facet joint injections. Report dated 5/28/2014 indicated that his left shoulder symptoms have completely resolved but he had been experiencing constant, slight low back pain, which became moderate with certain activities. Report dated 5/2/2014 listed the current symptoms as low back pain primarily on the right side with spasms. He was noted to have tingling electricity like sensations down the thigh and calf depending on the activity. The medications being prescribed for him were Skelaxin, Hydrocodone, Zolpidem and Aleve. ACOEM guidelines page 398 states, "Specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities." There is no detailed assessment of any psychological issues that the injured worker has been experiencing or any attempts made to treat the symptoms before a specialist referral is required. The request for consultation with psychiatrist is not medically necessary at this time.