

<b>Case Number:</b>	CM14-0091300		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	08/24/2007
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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 52 year old female with date of injury 8/24/2007. The date of the utilization review decision was 6/9/2014. The progress report dated 4/30/2014 suggested that she presented with increased numbness and tingling from her right shoulder down to all her fingers. She reported experiencing constant burning pain in the suprascapular region going down the arm to the right thumb, index and long finger. The injured worker was being prescribed Neurontin, Zolpidem, Amitiza, Naproxen, Fentanyl Patch, Percocet, Zoloft, Fluoxetine and Cyclobenzaprine per the report. She was diagnosed with neuralgia, neuritis, radiculitis, Cubital and carpal tunnel syndromes. The report suggested that she had been prescribed Zoloft by her psychiatrist, which had been helping. It was suggested from the submitted documentation that she underwent psychiatric AME on 6/25/14 and it appears that she has been on psychiatric care for her injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychiatric Consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Office Visits-Evaluation and management.

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

**Decision rationale:** The ACOEM guidelines according to page 398 indicate specialty referral may be necessary when patients have significant psychopathology or serious medical co morbidities. The submitted documentation suggests that the injured worker has been under psychiatric care and there is mention of being continued on Zoloft by the psychiatrist in the progress reports dated 12/24/2013 until 4/30/2014 therefore since the injured worker is already under psychiatric care the request for a Psychiatric Consultation is not medically necessary.