

<b>Case Number:</b>	CM14-0198573		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	02/15/2013
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Physical Medicine Rehab, has a subspecialty in Pain 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 injured worker is a 60 year-old male with an original date of injury on 2/15/2013. The industrially related diagnoses are cervical spine musculoligamentous sprain/strain, thoracic spine musculoligamentous sprain/strain, lumbar spine musculoligamentous sprain/strain, bilateral elbow lateral epicondylitis, bilateral wrist and hand flexor and extensor tendinitis, bilateral shoulder impingement syndrome, left hip greater trochanteric bursitis, history of stress, anxiety, depression secondary to chronic pain, history of GERD relating to chronic medication use. The orthopedics provider declared the patient permanent stationary. On 10/16/2014, the patient presented to orthopedics for worsening of chronic pain, complained of GERD secondary to long-term medication use, and anxiety, depression, stress relating to dealing with chronic pain arising out of his work-related injuries and complaints. The disputed issues are the request for psychiatric consult and internal medicine consult. A utilization review dated 11/11/2014 has non-certified these requests. Regarding the request for psychiatric consult, the stated rationale for denial was there was no recent history of psychiatric conditions on the submitted documentation. In addition, there is no evidence that the patient has been dealing with common psychiatric condition for 6-8 weeks and no dealing with significant psychiatric conditions. Therefore, this request is not medically necessary. With regards to internal medicine refer; the utilization review stated that a failed trial of proton pump inhibitor should be tried prior to a referral to the specialist. The submitted documentation failed to show any trial of proton pump inhibitors. Therefore, this request is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **1 Psychiatric Consult: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 14 (Stress Related Conditions) (2004), pag 398

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations Chapter 7, Page 127

**Decision rationale:** The guidelines state that a referral may be reasonable to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A progress note on date of service 10/16/2014 indicate the patient has a history of anxiety, depression, stress relating to dealing with chronic pain and has ongoing symptoms. The documentation provided does not indicate the patient has sought any treatment to date. Therefore, a psychiatry consult is indicated at this time to help the patient dealing with underlying psychiatric issues and better managing life with chronic pain.

## **1 Internal Medicine Consult: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Internal Medicine Consultation: Katz PO, Gerson LB, Vela MF, Guidelines for the diagnosis and management of gastroesophageal reflux disease. Am J Gastroenterol, 2013 Mar;108(3); 308-28; Managaement of GERD

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations Chapter 7, Page 127

**Decision rationale:** According to a progress note dated on 3/15/2013, the patient has been seeing an internal medicine doctor as his primary care physician since 2007. It is not clear why the patient needs to be re-referred to an internal medicine doctor at this time, as there are no documentation supporting loss of care or discontinuation due to change of insurance. The patient has GERD symptoms relating to NSAID use, and patient has not tried any medication for this condition. Therefore, the patient should have a trial of H2 blocker or proton pump inhibitors prior to refer to specialist for treatment. At this time, the request for an internal medicine consult is not medically necessary.