

<b>Case Number:</b>	CM15-0001466		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	07/11/1998
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Illinois

Certification(s)/Specialty: Psychiatry

### 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 59-year-old female who reported an injury on 07/11/1998. The mechanism of injury was not specifically stated. The current diagnoses include lumbar postlaminectomy syndrome, status post spinal cord stimulator implant in 2000 and 2006 with subsequent removal in 2011, cervical herniated nucleus pulposus with right upper extremity radiculopathy, severe reaction with depression and anxiety, neurogenic atonic bladder with urinary incontinence, medication induced gastritis with chronic diarrhea, status post cholecystectomy with history of pancreatitis, restless leg syndrome, and right hip internal derangement with trochanteric bursitis. The injured worker was evaluated on 11/25/2014. The injured worker reported persistent pain with activity limitation. It was noted that the injured worker was compliant with the current opioid medication regimen. Upon examination, the injured worker showed erratic behavior. Physical examination of the low back and cervical spine was deferred. Recommendations included continuation of the current medication regimen of oxycodone 30 mg, Norco 10/325 mg and Valium 1 mg. The injured worker was to continue psychiatric treatment and followup in 2 weeks for a review of urine drug screening and medication management. A Request for Authorization form was then submitted on 11/25/2014.

### 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 cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or in agreement to a treatment plan. According to the documentation provided, the injured worker was recommended to continue with psychiatric treatment. The medical necessity for a referral to a psychiatrist has not been established in this case, as it has been noted that the injured worker was already actively participating in psychiatric treatment. Given the above, the request is not medically appropriate at this time.