

<b>Case Number:</b>	CM15-0104138		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	06/07/2012
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: Texas, Florida, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 61 year old female, who sustained an industrial injury on 6/7/12. The injured worker was diagnosed as having improved depression, status post anterior discectomy and fusion L4-5 and L5-S1 with posterior hardware for stabilization and L4-5 lumbar radiculopathy. Treatment to date has included oral medications including Dyazide, Prilosec, Amitriptyline, Lidocaine patches and Vitamin D, TENS unit, lumbar fusion, physical therapy and home exercise program. Currently, the injured worker complains of constant low back pain with radiation to left buttock, constant numbness of left middle toe, burning sensation over the left medial malleolus, weakness to flexion of left toes, occasional weakness of lower extremities and depression. She notes her depression has improved since starting amitriptyline. She is not working, she is retired. Physical exam noted difficulty arising from a seated position, ambulation with a cane and tenderness at T7-8, the lumbar intervertebral spaces and paravertebral muscles, the sacroiliac joint and sciatic notches bilaterally and the inferior portion of the buttocks. A request for authorization was submitted for follow up appointment, psychiatry consult, Amitriptyline 25mg #60 and lumbar support.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychiatrist consultation and treatment, per 03/30/15 order: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, 2nd Edition 2004, Page 127.

**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) Chapter 7, page 127.

**Decision rationale:** Technically, ACOEM Chapter 7 is not within the MTUS collection; therefore, it is more appropriately cited under the Other Guidelines categorization. This claimant was injured now over three years ago. The claimant is post lumbar discectomy with fusion, and hardware. There is also a depression reported. There is still constant back pain. There is no documentation of lumbar instability. The depression is improving. ACOEM Guidelines, Chapter 7, Page 127, state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation 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 consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. This request for the psychiatric consult and treatment fails to specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, work capability, clinical management, and treatment options. It is not clear in an improving depression, which appears to be managed successfully at a primary care level that could not continue to be handled at a primary care level. The request is not medically necessary.

**Amitriptyline 25 mg #60 with 2 refills, per 03/30/15 order:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 15.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, under Antidepressants.

**Decision rationale:** This claimant was injured now over three years ago. The claimant is post lumbar discectomy with fusion, and hardware. There is also a depression reported. There is still constant back pain. There is no documentation of lumbar instability. The depression is improving. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding antidepressants to treat a major depressive disorder, the ODG notes: Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not

recommended for mild symptoms. In this case, although improvement is subjectively noted, it is not clear what objective benefit has been achieved out of the antidepressant usage, how the activities of daily living have improved, and what other benefits have been. If used for pain, it is again not clear what objective, functional benefit has been achieved. The request is not medically necessary.

**Sleep AP lumbar support, per 03/30/15 order:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): ACOEM, Chapter 12, Low back, page 298.

**Decision rationale:** This claimant was injured now over three years ago. The claimant is post lumbar discectomy with fusion, and hardware. There is also a depression reported. There is still constant back pain. There is no documentation of lumbar instability. The depression is improving. The California MTUS, specifically Chapter 12 of ACOEM dealing with the low back, note on page 298: Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In this case, the claimant is well past the acute phase of care. There is no evidence of lumbar spinal instability, or spondylolisthesis. Therefore, this request is not medically necessary.