

<b>Case Number:</b>	CM15-0164187		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	09/13/2011
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	07/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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: California, Arizona, Maryland  
 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 57 year old female who sustained a work related injury September 13, 2011. Past history included status post right knee arthroscopy and meniscectomy x 2 and status post left knee arthroscopy and meniscectomy July, 2014. According to a primary treating physician's progress report, dated July 7, 2015, the injured worker presented with complaints of persistent flare-ups of pain in her lower back, rated 5-6 out of 10, with numbness and tingling radiating into her bilateral lower extremities and across the front of both legs. She reports bilateral knee pain, right worse than left, the right rated 607 out of 10 and the left 6 out of 10. She is currently taking two Norco 10-325mg per day for pain, two Celebrex for inflammation as needed, and occasionally takes Lorazepam once per day for anxiety. Objective findings included; tenderness over the anterior aspects of both legs, over the tibialis anterior musculature; tenderness over the lumbosacral region in the midline and over the bilateral lumbar paraspinal muscles with spasms, active range of motion lumbar spine; flexion 40 degrees with pain, extension 10 degrees with pain, lateral bending 20 degrees bilaterally, seated leg raise was negative bilaterally. Diagnoses are rotator cuff tendinosis of the right and left shoulder; joint effusion, anterior and posterior capsulitis and sprain left shoulder per MRI 02-01-2014; multiple herniated discs lumbar spine per MRI 01-10-2014; multiple cervical disc herniation per MRI 01-10-2014. Treatment plan included completing chiropractic treatment, a Swiss exercise ball, referral to a psychiatrist for complaints of anxiety and depression, and medication. At issue, is a request for authorization for a consultation with a psychiatrist, for determination of industrial causation and treatment.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with psychiatrist for determination of industrial causation and treatment:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, Chapter 7, Independent Medical Examinations and Consultations: p. 127.

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment.

**Decision rationale:** ACOEM guidelines page 398 states: "Specialty referral may be necessary when patients have significant psychopathology or serious medical co morbidities." Upon review of the submitted documentation, it is suggested that the injured worker occasionally takes Lorazepam once per day for anxiety. There is no documentation regarding other treatments being tried by the primary treating physician, also there is no detailed information regarding the psychiatric issues being experienced by her that would warrant the need for a specialist referral. Therefore, the injured worker does not meet criteria for referral to Psychiatry.