

<b>Case Number:</b>	CM15-0168699		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	02/14/2009
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 70 year old male, who sustained an industrial injury on 02-14-2009. The injured worker is currently permanent and stationary. Current diagnoses include facet arthropathy to L3-S1, L2-L5 neural foraminal stenosis, L3-S1 lateral recess stenosis, left knee post traumatic degenerative joint disease, intermittent left leg radiculopathy, left tibial malunion with internal rotation of the tibia, left leg discrepancy, and left tibial plateau fracture status post open reduction and internal fixation. Treatment and diagnostics to date has included left leg surgery and use of medications. Current medications include Aspirin, Atenolol, and Metformin. In a progress note dated 07-27-2015, the injured worker reported continued lower back and left leg pain. Objective findings included walking with a limp, decreased sensation over the left L5 and S1 dermatome distribution, and palpable tenderness over the anterior left hip, left greater trochanter, and left sacroiliac joint. The physician also noted that the injured worker has "some ongoing issues with depression which are directly related to the injury, physical deficits left, and inability to work as he did in his pre-injury state". The Utilization Review report dated 08-12-2015 non-certified the request for Evaluation and Treatment with Psychologist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Evaluation and treatment with psychologist:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100, 101.

**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 and office guidelines and pg 92.

**Decision rationale:** According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. In this case, the claimant had depression related to the injury. The orthopedic surgeon believed the claimant may benefit from CBT but was out of his scope of practice to make the determination. As a result, the request for a psychological consultation is appropriate.