

<b>Case Number:</b>	CM15-0189851		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	05/09/2013
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 52 year old male, who sustained an industrial injury on 5-9-2013. Medical records indicate the worker is undergoing treatment for adjustment disorder with mixed anxiety and depressed mood. A recent progress report dated 6-30-2015, noted the injured worker reported anxiety, tension and irritability are reduced, depression remains the same, reduced insomnia, bad dreams and panic attacks and poor memory and concentration. Physical examination revealed the injured worker was well focused, thought content was more tense and dysphoric and he denied any thoughts of self harm. Lumbar magnetic resonance imaging showed lumbar 3 to sacral 1 disc herniation. Bilateral lower extremities electromyography (EMG) -nerve conduction study (NCS) showed mild acute bilateral lumbar 5 radiculopathy. Treatment to date has included chiropractic care, activity modification, physical therapy and medication management. The physician is requesting a neurology consultation. On 9-10-2015, the Utilization Review noncertified the request for a neurology consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurology Consultation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, page 127.

**Decision rationale:** The patient presents with depression and anxiety. The request is for Neurology Consultation. Patient's treatments have included medication, cognitive behavioral therapy, biofeedback therapy, and EMG/NCV studies. Patient's diagnosis, per 07/08/15 progress report include major depressive disorder, single episode, severe; adjustment disorder with anxiety; panic disorder without agoraphobia; pain disorder associated with both psychological factors and a general medical condition. Per 06/30/15 progress report, patient's medications include Ativan, Lunesta, Prozac, and Norco. Patient is permanent and stationary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, Chapter 7, Independent Medical Examinations and Consultations Chapter, 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. Treater has not addressed this request; no RFA was provided either. Patient has been suffering from depression and anxiety. The ACOEM Guidelines support the referral of patients 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. This request appears to be reasonable and in accordance with the guidelines. Therefore, it is medically necessary.