

<b>Case Number:</b>	CM15-0192494		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	12/26/2002
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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: Connecticut, California, Virginia  
 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 60 year old male who sustained an industrial injury 12-26-02. A review of the medical records reveals the injured worker is undergoing treatment for post laminotomy pain syndrome, L5-S1 anterior spondylolisthesis-bilateral pars defect, status post L5-S1 fusion with subsequent hardware removal, chronic left lumbar radiculitis with pain, reports of asthma, depression, and anxiety. Medical records (08-19-15) reveal the injured worker complains of anxiety and trouble with sexual function. The injured worker also complained of increased anxiety on 06-03-15, and even visited the ER with complaints of anxiety prior to the visit on 06-03-15. There was no reported anxiety on 04-20-15. The physical exam (08-19-15) reveals an antalgic gait, painful limited range of motion of the lumbar spine, and hypoesthesia in the left L5-S1 dermatome. Prior treatment includes bracing, medications, and multiple surgeries. The original utilization review (09-16-15) non certified the psychiatric consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychiatrist consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd edition Chapter 7, page 127.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

**Decision rationale:** The MTUS ACOEM guidelines discuss consideration of specialty consultation in the case of several types of musculoskeletal injuries if symptoms are persistent for more than a few weeks. In this case, the patient has several issues causing a long and chronic pain scenario, which is difficult to treat. Given the multiple body areas involved in chronic pain and treatment with multiple providers and apparently worsening depression, anxiety etc., it is reasonable to seek assistance from a psychiatrist, specifically if medications are a consideration. Given the complexity of the patient's history, consultation with a psychiatrist is appropriate to ensure adequate oversight, risk assessment, and patient safety. In the opinion of this reviewer, the request for psychiatry consultation is warranted, but it appears that a prior psych consultation was approved by utilization review, and therefore as this appears to be a second consultation request, based on the provided records, the request is not medically necessary at this time, as another request has already been appropriately certified.