

<b>Case Number:</b>	CM15-0192896		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	11/25/2008
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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: 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 34 year old female, who sustained an industrial injury on 11-25-08. The injured worker is being treated for lumbar spine discopathy, lower extremity radiculitis and status post lumbar spine surgery. Treatment to date has included oral medications including Cyclobenzaprine and Gabapentin and activity modifications. On 8-27-15, the injured worker complains of ongoing back problems. It is noted there is a huge emotional component with the complaint. She is temporarily totally disabled. Physical exam performed on 8-27-15 revealed diminished L5 sensory deficit in lower extremities, stiff, achy and limited lumbar range of motion and positive straight leg raise. On 8-27-15 request for authorization was submitted for psychiatric consultation and (EMG) Electromyogram/(NCV) Nerve Condition Velocity studies of bilateral lower extremities. On 9-14-15 request for psychiatric consultation was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychiatric consultation:** Overturned

**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 2004, 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 current request is for Psychiatric consultation. Treatment to date has included physical therapy, oral medications, and activity modifications. The patient is temporarily totally disabled. MTUS/ACOEM, Independent Medical Examinations and Consultations, chapter 7, page 127 states 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." Per report 08/27/15, the patient presents with ongoing back problems. The patient also reported being depressed, stressed and having anxiety. It is noted that there is a huge emotional component with the patient's pain. The patient remains temporarily totally disabled. Physical examination revealed diminished L5 sensory deficit in lower extremities, limited lumbar range of motion and positive straight leg raise. The treater recommended a psychiatric consultation. ACOEM and MTUS guidelines indicate that such consultations are supported by guidelines at the care provider's discretion. Given this patients ongoing complaints of feeling depressed, a consultation with a specialist is appropriate. Therefore, the request IS medically necessary.