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| <b>Case Number:</b>   | CM15-0197637 |                              |            |
| <b>Date Assigned:</b> | 10/13/2015   | <b>Date of Injury:</b>       | 03/29/1994 |
| <b>Decision Date:</b> | 11/19/2015   | <b>UR Denial Date:</b>       | 10/02/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/07/2015 |

### 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: New Jersey

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 57 year old female, who sustained an industrial-work injury on 3-29-94. She reported initial complaints of neck and back pain. The injured worker was diagnosed as having chronic neck and low back pain, myofascial pain syndrome, migraine headaches, left shoulder glenoid labrum tear, and depression. Treatment to date has included medication, physical therapy, and aquatics. Currently, the injured worker complains of neck and back pain rated 8-9 out of 10. Medications include Lidoderm patches, Celebrex, Prozac, Wellbutrin XL, Amitriptyline, and Neurontin. Per the primary physician's progress report (PR-2) on 7-22-15, exam notes tenderness over the cervical paraspinal muscles, trapezius, and lower back, reduced range of motion, 4 out of 5 strength to manual testing of the shoulders, tender to the subacromial regions of both shoulders, 1+ reflexes at biceps, triceps, and brachioradialis, grip strength is reduced on the left. Current plan of care includes continuation of Lidoderm patches with reduction in pain to 6 out of 10 with use. The Request for Authorization requested service to include Psychiatric evaluation regarding use of medications. The Utilization Review on 10-2-15 modified the request for Psychiatric evaluation regarding use of medications x 1 visit, per Official Disability Guidelines: Mental Illness & Stress - Evaluation & management (E&M).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychiatric evaluation regarding use of medications:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness & Stress - Evaluation & management (E&M).

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

**Decision rationale:** The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted 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 in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. Referral to a specialist is required when a particular procedure is required in which the specialist is skilled. In the case of this worker, the provider requested for the opinion and guidance of a psychiatrist in regards to the appropriateness of the psychiatric medication used (bupropione) and psychiatric health of the worker, which is reasonable, considering there is no recent evaluation seen. It is assumed that this request is for one evaluation/assessment visit with a psychiatrist. If this is the case, then this request is warranted and medically necessary.