

<b>Case Number:</b>	CM15-0035510		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	04/23/2013
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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: 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 35-year-old female, who sustained an industrial injury on April 23, 2013. She reported a twist and fall injury to her right knee, ankle, low back and neck. The diagnoses have included depression, fatigue and stress from pain and depression consistent with vitamin B12 deficiency. Treatment to date has included epidural steroid injection, diagnostic studies, physical therapy and medication. Currently, the injured worker complains of low back pain with radiation to her left hip. She reports that her physical therapy has helped greatly. There was no discussion of the injured worker's psychological complaints. On February 12, 2015 Utilization Review non-certified a request for psych consultation as an outpatient, noting that there is insufficient justification per consultation that the claimant has been seen by a psychiatrist and there is no justification with a need for psychiatric consult. A Non-MTUS reference was cited. On February 25, 2015, the injured worker submitted an application for IMR for review of psych consultation as an outpatient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Psych consultation as an outpatient:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician Desk Reference Official Disability Guidelines, [www.online.epocrates.com](http://www.online.epocrates.com).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): Chapter 7, Independent Medical Examinations and Consultations, Page 132.

**Decision rationale:** According to the MTUS, a referral request should specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, workability, clinical management, and treatment options. The medical record lacks sufficient documentation and does not support a referral request. Psych consultation as an outpatient is not medically necessary.