

<b>Case Number:</b>	CM15-0049550		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	09/25/2011
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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, Arizona, Maryland  
Certification(s)/Specialty: Psychiatry

### 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 was a 44 year old female, who sustained an industrial injury, September 25, 2011. The injured worker previously received the following treatments lumbar spine MRI, x-ray of the lumbar spine, QME evaluation, Tramadol ER, Naproxen, Ondansetron, Pantoprazole, Ortho-Nesic analgesic gel and psychiatric support. The injured worker was diagnosed with lumbar degenerative disc disease at L4-L5 and L5-S1, lumbar disc protrusion at L4-L5 and L5-S1, lumbar stenosis at L4-L5 and L5-S1 and lumbar radiculopathy and lumbar DDD (degenerative disc disease). According to progress note of October 3, 2014 the injured workers chief complaint was persistent pain with panic attacks. The treatment plan included request for psychiatric, 6 visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral to psychiatrist x 6 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness & Stress Topic: Office visits.

**Decision rationale:** ODG states "Office visits are recommended as determined to be medically necessary. The need for clinical office visit with a health care provider is individualized based upon the review of patient concerns, signs, symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from health care system through self care as soon as clinically feasible." Upon review of the records, it is suggested that the injured worker suffers from persistent pain with panic attacks and has been tried on several forms of treatment including physical therapy, chiropractic, acupuncture treatment as well as medication management. She has been authorized for a psychological evaluation, however it is unsure if it has been completed so far and the report is unavailable. There is no detailed documentation of the psychiatric symptoms being experienced by the injured worker or any attempts made by the primary treating provider to treat the symptoms. The request for Referral to psychiatrist x 6 visits is excessive and not medically necessary.