

<b>Case Number:</b>	CM15-0053229		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	05/09/2013
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction 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 is a 45-year-old male whose date of injury is 5/9/13. He was driving his big rig and was hit head on, causing it to roll over. He reported pain in neck, head, thorax and ears following a motor vehicle accident. The injured worker was diagnosed as having vestibular dysfunction with constant dizziness, cervical discogenic disease with loss of sensation at C5, 6 and 7 nerve dermatomes and left chest pain with muscle spasm. Treatments to date have included vestibular clinic visits, oral medications, and ENT consultation. He complains of ongoing dizziness. Psychiatric QME of 01/05/15 reported that the patient complained of PTSD symptoms of flashbacks, nightmares, panic attacks, and anxiety when driving or being in a car, especially when in close proximity to a big rig. He was diagnosed with mood disorder secondary to traumatic brain injury and PTSD. Recommendation was for refer to a licensed psychologist for weekly treatment and evaluation to rule out PTSD, which would include PTSD and EMDR. A full neuropsychological evaluation was also recommended. Pain management office visits of 01/12/15 and 02/09/15 both report psychiatric in ROS as negative. Medications include Tramadol, cyclobenzaprine, gabapentin, omeprazole, and nortriptyline. There is no record of his having seen a licensed psychologist to date.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Chapter 7, pages 92 and 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Ed (2004), Independent Medical Examinations & Consultations, Ch 7, p. 127-146: the 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. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. When a physician is responsible for performing an isolated assessment of an examinee's health or disability for an employer, business or insurer, a limited examinee- physician relationship should be considered to exist. 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. A consultant is usually asked to act in an advisory capacity but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient.

**Decision rationale:** There is no evidence that the patient has yet received treatment with a licensed psychologist or had a neuropsychological evaluation, as recommended in the QME report of 01/14/15. No symptoms of PTSD have been reported in pain management office notes of 01/12/15 or 02/09/15. Until such time as additional documentation is provided to show rationale for this request, it is at this time not medically necessary.