

<b>Case Number:</b>	CM15-0085383		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	01/13/2002
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	04/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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: Texas, Florida, 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 53 year old female, who sustained an industrial/work injury on 1/13/02. She reported initial complaints of back pain. The injured worker was diagnosed as having chronic low back and neck pain, spinal stenosis, right carpal tunnel syndrome, and severe depression. Treatment to date has included medication, diagnostics, and consultations. MRI results were reported on 3/12/15 noted mild disc bulge at L2-L3 resulting in minimal bilateral foraminal narrowing, facet arthropathy and disc bulging at L3-4 and L4-5, Schmorl's nodes and irregularity of the superior endplate of L3 with mild marrow edema. Electromyography and nerve conduction velocity test (EMG/NCV) was performed on 2/4/15 shows chronic neuropathic changes of the left C7 myotome consistent with left C7 radiculopathy with mild left carpal tunnel. Currently, the injured worker complains of ongoing lower back and shoulder pain. Per the primary physician's progress report (PR-2) on 4/14/15, Random drug screen done with visit was consistent. There were no changes from prior visit on 3/17/15 that demonstrated tenderness midline at the lumbosacral junction. There is a positive right straight leg raise test with pain down the posteriolateral right thigh and posterior right calf. Cervical range of motion is decreased with right rotation, pain with cervical facet loading and cervical extension and a pulling sensation with cervical flexion. Current plan of care included refill of current medication and refer to psychotherapist for prescription for Abilify. Transforaminal epidural injection is pending. The requested treatments include Consultation with a psychotherapist (Abilify, lumbar), Follow up visits with a psychotherapist (Abilify, lumbar), and UA drug screen.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with a psychotherapist (Abilify, lumbar): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127.

**Decision rationale:** Technically, ACOEM Chapter 7 is not within the MTUS collection; therefore, it is more appropriately cited under the "Other Guidelines" categorization. This claimant was injured in 2002, now 13 years ago. She has chronic neck and shoulder pain. ACOEM Guidelines, Chapter 7, Page 127, state 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. 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. This request for the consult fails to 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, work capability, clinical management, and treatment options. At present, the request is not certified.

**Follow up visits with a psychotherapist (Abilify, lumbar): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127.

**Decision rationale:** This claimant was injured in 2002, now 13 years ago. She has chronic neck and shoulder pain. It is noted the reason for the psychotherapist is to prescribe a medicine Abilify, however, psychotherapists do not prescribe medicines. The precise, DSMIV-defined psychiatric diagnoses are not noted, and outcomes of past therapy are not provided. Technically, ACOEM Chapter 7 is not within the MTUS collection; therefore, it is more appropriately cited under the "Other Guidelines" categorization. It is noted the reason for the psychotherapist is to prescribe a medicine Abilify, however, psychotherapists do not prescribe medicines. The precise, DSMIV-defined psychiatric diagnoses are not noted, and outcomes of past therapy are not provided. As the consult is not certified, the need for follow up visits also is not established. The request is appropriately not certified.

**UA drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 9792.26 MTUS (Effective July 18, 2009) Page(s): 43 of 127.

**Decision rationale:** This claimant was injured in 2002, now 13 years ago. She has chronic neck and shoulder pain. It is noted the reason for the psychotherapist is to prescribe a medicine Abilify, however, psychotherapists do not prescribe medicines. The precise, DSMIV- defined psychiatric diagnoses are not noted, and outcomes of past therapy are not provided. Regarding urine drug testing, the MTUS notes in the Chronic Pain section: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction. There is no mention of suspicion of drug abuse, inappropriate compliance, poor compliance, drug diversion or the like. There is no mention of possible adulteration attempts. The patient appears to be taking the medicine as directed, with no indication otherwise. It is not clear what drove the need for this drug test. The request is appropriately non-certified under MTUS criteria.