

<b>Case Number:</b>	CM15-0089348		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	04/07/2012
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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 is a 51 year old male, who sustained an industrial injury on 04/07/2012. He has reported injury to the right shoulder and lower back. The diagnoses have included right shoulder tendinitis/bursitis/impingement; bilateral carpal tunnel syndrome; lumbar spine sprain/strain with bilateral lower extremity radiculopathy; and bilateral plantar fasciitis. Treatment to date has included medications, diagnostics, injections, TENS (transcutaneous electrical nerve stimulation) unit, acupuncture, and physical therapy. Medications have included Voltaren, Tramadol, and Norflex. A progress note from the treating physician, dated 03/26/2015, documented a follow-up visit with the injured worker. Currently, the injured worker persistent right shoulder pain; persistent low back pain with lengthy weight-bearing; and pain level is rated at 6/10 on a scale from zero to ten. Objective findings included tenderness to the paravertebral muscles of the lumbar spine with moderate spasm; right shoulder tenderness to palpation with positive impingement sign; and decreased right shoulder range of motion. The treatment plan has included the request is for psych consult.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psych consult:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

**Decision rationale:** ACOEM guidelines page 398 states: "Specialty referral may be necessary when patients have significant psychopathology or serious medical co morbidities". Upon review of the submitted documentation, it is ascertained that the injured worker suffers from right shoulder tendinitis/bursitis/impingement; bilateral carpal tunnel syndrome; lumbar spine sprain/strain with bilateral lower extremity radiculopathy; and bilateral plantar fasciitis. However, there is no mention of any psychological symptoms being experienced by the injured worker for which a Psychiatric consultation would be indicated. Thus, the request for Psych consult is not medically necessary.