

<b>Case Number:</b>	CM15-0003537		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	01/21/2009
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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: Internal 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 63 year old male, who sustained an industrial injury on 01/21/2009. He has reported subsequent neck, right upper extremity, back and right lower extremity pain. The diagnoses have included degenerative spine disease, right subacromial radicular syndrome and right S1 radiculopathy. Treatment to date has included oral pain medication, pool therapy, psychiatric treatment and physical therapy. Currently the IW complains of continued back, right leg and foot pain but indicated that the back pain had improved somewhat. The injured worker noted that due to the right leg and foot pain he was unable to walk. Objective physical examination findings were notable for diffuse posterior paracervical tenderness, hypesthesia to light touch involving the right middle finger and pain and submaximal effort with manual resistance testing. The physician noted that the request for consultation and treatment by [REDACTED] with probable lumbar epidural steroid injection was pending a response to request for authorization. On 12/18/2014, Utilization Review non-certified a request for consultation with psychiatry to evaluate the lumbar spine, noting that there has not been documentation of a treatment plan consistent with medical guidelines provided in a 09/08/2014 physician report that would support follow up visits with psychiatry. MTUS, ACOEM and ODG guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with psychiatry, Dr. [REDACTED] to evaluate lumbar:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultations, page 127

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 7 Independent Medical Examiner Page 127

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses occupational physicians and other health professionals. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 5 Cornerstones of Disability Prevention and Management (Page 75) states that occupational physicians and other health professionals who treat work-related injuries and illness can make an important contribution to the appropriate management of work-related symptoms, illnesses, or injuries by managing disability and time lost from work as well as medical care. ACOEM Chapter 7 Independent Medical Examiner (Page 127) states that the health practitioner may refer to other specialists when the plan or course of care may benefit from additional expertise. 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, or fitness for return to work. A consultant may act in an advisory capacity, or may take full responsibility for investigation and treatment of a patient. The primary treating physician's progress report dated November 12, 2014 documented that the patient reported back pain. The right leg and foot are experiencing sciatic pain, and he states that he cannot walk. Physical examination demonstrated cervical spine tenderness and decreased range of motion. Diagnoses were chronic neck and back pain, degenerative spine disease, right cervical radicular syndrome, and right S1 radiculopathy. Consultation with physiatry specialist was requested. Medical records document spinal conditions that may benefit from the expertise of a physiatry specialist. The request for speciality referral and consultation is supported by MTUS and ACOEM guidelines. Therefore, the request for physiatry specialist is medically necessary.