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| <b>Case Number:</b>   | CM15-0114771 |                              |            |
| <b>Date Assigned:</b> | 06/23/2015   | <b>Date of Injury:</b>       | 09/01/2011 |
| <b>Decision Date:</b> | 07/31/2015   | <b>UR Denial Date:</b>       | 05/29/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/15/2015 |

### 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 39-year-old male, who sustained an industrial injury on 9/01/2011. Diagnoses include lumbar facet arthropathy rule out lumbar radiculopathy and lumbar strain. Treatment to date has included medications including Trazodone, NSAIDs and topical creams, physical therapy and work modification. Per the handwritten Primary Treating Physician's Progress Report dated 4/03/2015 the injured worker, reported lower back pain and reports benefit with his current medications without any adverse effects. Physical examination revealed tenderness to the lumbar facets and bilateral positive facet loading maneuvers. The plan of care included diagnostics, medications, physical therapy chiropractic care and consultations. Authorization was requested for psychiatric consultation.

### 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 ACOEM Practice Guidelines, chapter 7.

**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". The injured worker suffers from lumbar facet arthropathy, rule out lumbar radiculopathy and lumbar strain. He has been treated so far with medications including Trazodone, NSAIDs and topical creams as well as physical therapy and work modification. The submitted documentation does not indicate any significant psychopathology that would warrant the need for a Psychiatry referral. Thus, the request is not medically necessary.