

<b>Case Number:</b>	CM15-0023530		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	07/03/2012
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: Physical Medicine & Rehabilitation

### 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 72-year-old male who sustained an industrial injury on July 3, 2012. He has reported weakness on the left side of his arm and ongoing tremors and has been diagnosed with cerebral stroke with residuals, posttraumatic tremor right upper and lower extremity, disorder of gait with weakness of the left leg with activity, and depressive disorder not otherwise specified with anxiety. Treatment has included medications, speech therapy, psychology, and occupational therapy. Currently the injured worker continued to have intermittent tremor. The treatment plan included consultation and co-treatment with medical psychiatrist and psychologist consultation and co-treatment. On January 14, 2015, Utilization Review modified consultation with medical psychiatrist and non-certified psychologist consultation and co-treatment citing the MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation and co treatment with medical psychiatrist:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

**Decision rationale:** The patient presents with problems with his speech, bodily tremors, anxiety, difficulty swallowing at times, left foot dragging when walking, concentration, ringing and dizziness. The request is for CONSULTATION AND CO TREATMENT WITH MEDICAL PSYCHIATRIST. The request for authorization is dated 12/30/14. CT of the brain 12/18/14 shows the ventricles, sulci and gyri are prominent, compatible with age related atrophy. Patient has undergone a sleep polysomnogram showing mild obstructive sleep apnea. Patient continues to have rhythmic tremors. Patient notes that he also has trouble with his balance and tends to list towards the left side. Patient has had speech and occupational therapy. The patient is not working. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) 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. Per progress report dated 02/18/15, treater's reason for the request is "to follow up with any additional care and treatment." Review of medical records indicate patient suffers from psychiatric issues. In this case, treater is concerned with patient's clinical symptoms relative to his posttraumatic stress disorder. Given the patient's psychiatric issues, further sessions with a specialist trained in psychiatric treatment may be beneficial. Therefore, the request IS medically necessary.

**Psychologist consultation and co treatment:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines behavioral intervention Page(s): 23. Decision based on Non-MTUS Citation Official disability guidelines Pain (Chronic) chapter, under Psychological treatment.

**Decision rationale:** The patient presents with problems with his speech, bodily tremors, anxiety, difficulty swallowing at times, left foot dragging when walking, concentration, ringing and dizziness. The request is for PSYCHOLOGIST CONSULTATION AND CO TREATMENT. The request for authorization is dated 12/30/14. CT of the brain 12/18/14 shows the ventricles, sulci and gyri are prominent, compatible with age related atrophy. Patient has undergone a sleep polysomnogram showing mild obstructive sleep apnea. Patient continues to have rhythmic tremors. Patient notes that he also has trouble with his balance and tends to list towards the left side. Patient has had speech and occupational therapy. The patient is not working. MTUS Chronic Pain Medical Treatment Guidelines, page 23 states the following regarding behavioral intervention, "Recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to

psychological or physical dependence." ODG, Chronic chapter, under Psychological treatment, states the following:"ODG Psychotherapy Guidelines: Up to 13-20 visits over 7-20 weeks, individual sessions, if progress is being made. The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made."Per progress report dated 02/18/15, treater's reason for the request is patient "would require some psychotherapy at least to partially help him." In this case, the patient has a substantial and significant posttraumatic stress disorder. Per progress report dated 11/06/14, the patient was emotional, crying and anxious. Given the magnitude of this patient's tremors, his anxieties, his restlessness, his difficulty sleeping, his thought blocking and concentration problems, treater is seeking assessment from a psychological specialist for the patient's problems. Therefore, the request IS medically necessary.