

<b>Case Number:</b>	CM15-0064777		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	04/11/2014
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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, Indiana, New York  
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 40 year old male, who sustained an industrial injury on April 11, 2014. The injured worker was diagnosed as having lumbar strain/sprain and radiculopathy, insomnia, sleep disturbance and depression. Treatment and diagnostic studies to date have included medication. A progress note dated January 15, 2015 provides the injured worker complains of low back pain radiating to left buttock. He reports sleep loss due to pain. Physical exam notes lumbar tenderness with painful decreased range of motion (ROM) and spasm. The plan includes acupuncture, orthotics and awaiting pain management and psychiatric consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychiatric consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd edition: Chapter 7; Independent Consultations, pg 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): Chapter 7, Pages 127-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Office Visits.

**Decision rationale:** Pursuant to the ACOEM and the Official Disability Guidelines, psychiatric consultation is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured worker's working diagnoses are lumbar radiculitis; lumbar sprain/strain; insomnia; sleep disturbance; and depression. Subjectively, according to a January 21, 2015 progress note by the treating chiropractic provider, the worker suffers from depression due to pain. The injured worker is not taking any medications as of that date. The injured worker was also under the care of a pain management specialist (a physician) and was seen on January 21, 2015. There were no first-line antidepressants prescribed to the injured worker as a prelude to following with a psychiatrist. Depression may be managed by physicians with first-line antidepressants and with medications tailored based on the efficacy of the antidepressant chosen. There were no antidepressants documented in the medical record. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. There has been no attempt to treat the patient medically for depression and, as a result, a consultation with a psychiatrist is premature. Consequently, absent clinical documentation evidencing treatment with a first-line antidepressant, a psychiatric consultation is not medically necessary.