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| Case Number: | CM13-0018757 | | |
| Date Assigned: | 11/06/2013 | Date of Injury: | 10/11/2011 |
| Decision Date: | 01/28/2014 | UR Denial Date: | 08/21/2013 |
| Priority: | Standard | Application Received: | 08/30/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 38-year-old gentleman who was injured in a work related accident on 10/11/11. Records for review indicate low back complaints for which following a course of conservative care it is noted he underwent a two level anterior lumbar interbody fusion at L3-4 and L4-5 on February 19, 2013. A 09/26/13 follow up report with a chiropractic physician, [REDACTED], showed continued complaints of lumbar pain with moderate discomfort. Objective findings showed restricted range of motion in all planes with gross motor and sensory examination being intact. Recommendations at that time was for referral for a psychiatric evaluation as well as continuation of medications as well as topical compounding agents and a supervised physical therapy course to help control "core strengthening and increased range of motion." Records for review indicate a significant course of PT has been utilized since time of procedure. Postoperative clinical imaging is not supported.

IMR ISSUES, DECISIONS AND RATIONALES

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

. Postoperative evaluation and treatment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

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

Decision rationale: Based on California ACOEM Guidelines, psychiatric evaluation and treatment in this case also is not supported by records. Although the claimant is noted to be status post lumbar fusion surgery with continued residual complaints, there is currently no documentation of the current working diagnosis for which psychiatric evaluation and care would be indicated. The claimant's past medical history review of secondary diagnoses and current subjective complaints would not support the role of this treatment at present.