

Case Number:	CM13-0030366		
Date Assigned:	11/27/2013	Date of Injury:	12/15/2011
Decision Date:	03/24/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	09/30/2013

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 Arizona. 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:

This patient is a 48-year-old male who sustained an injury to his lumbar spine on 12/15/11. He underwent spinal surgery on 4/11/12. The most recent clinical documentation is dated 9/24/13; on this date, the patient continues to complain of severe low back pain with radiation into both legs. He has associated numbness and a feeling of coldness in both legs. The pain increases with sitting, standing, and walking. He complains of urinary retention. The patient is alert and oriented. On exam, the patient has decreased strength in both lower extremities, decreased sensation in both lower extremities; however, reflexes could not be done because of pain. The patient's gait is slow with marked stiffness of the lower back. On 8/6/13, the provider states that the patient is depressed due to persistent back pain and inability to participate in activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for a psychiatric evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387-388. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-101.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend psychological evaluation. It is a generally accepted and well-established diagnostic procedure that can help to distinguish between conditions that are pre-existing, that are aggravated by the current injury, or that are work-related. That is used in the chronic pain population. Psychological evaluation can help the clinician to better understand the patient in this social environment and allow for more effective rehabilitation. They can uncover psychosocial variables associated with those injured workers who are likely to develop chronic disabling problems. In the note from 8/6/13, the provider mentions that the patient is depressed because of his continuing pain and inability to function. Therefore, the medical necessity of psychiatric evaluation has been established. The request is certified.

The request for a proctology evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387,388. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

Decision rationale: The ACOEM guidelines indicate that a referral to a specialist may be necessary if a diagnosis is uncertain or extremely complex. There is no evidence in the documentation provided for review that this patient has a condition for which the expertise of a proctologist is needed. Therefore, the medical necessity of proctology evaluation has not been established. The request is noncertified.