

Case Number:	CM13-0038578		
Date Assigned:	12/18/2013	Date of Injury:	09/26/2011
Decision Date:	02/24/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/25/2013

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 Neurology, has a subspecialty in Neuromuscular Medicine 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:

██████████ is a 61-year-old man who sustained a work-related injury on September 26, 2011. The patient underwent anterior C4-5 and C5-6 cervical fusion on March 19, 2013. He had also L3-L4 and L4-L5 laminectomy on June 5, 2013. According to the note of June 13, 2013, her back and neck pain improved. She continued to have back pain radiating to the right leg. Her headache improved. According to the note of September 3, 2013, the provider documented that the patient is doing reasonably well, however she still have the persistent numbness and tingling in the right leg and still using a front-wheeled walker. Physical examination demonstrated that the back incision is well-healed, normal motor examination, diminished right heel walking and her tandem was off. The patient was diagnosed with status post anterior cervical fusion, status post lumbar laminectomy, depression and anxiety, diabetes, hypertension, sleep apnea and obesity. The provider requested authorization for psychiatric evaluation and pain management consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with Psychiatric: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Assessing Red Flags and Indication for Immediate Referral Page(s): 171.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a psych evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. There is no clear documentation that the patient suffered psychiatric disease that requires psychiatry evaluation. The provider needs to support his listing of anxiety and depressions in the problems list with a complete clinical assessment. Therefore, the request for Consultation with Psychiatric doctor is not medically necessary..

Multidisciplinary pain management evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Assessing Red Flags and Indication for Immediate Referral Page(s): 171.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. There is no clear documentation that the patient suffered psychiatric disease that requires psychiatry evaluation. The patient underwent a recent lumbar spine surgery and he is in the recovery phase and his pain is improving. His pain condition is not chronic until a complete healing of lumbar surgery. Therefore, the request for Multidisciplinary pain management evaluation is not medically necessary.