

<b>Case Number:</b>	CM13-0049603		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/09/2007
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Texas. 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/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 patient is a 40-year-old male who reported an injury on May 9, 2007 after he got his leg caught between a container and a door, which caused him to fall and twist his legs that caused injury to his low back. The patient ultimately underwent posterior interbody decompression, discectomy, and fusion of the L5-S1 in September of 2011. The patient received medications for chronic pain management. Speciality consultations were recommended due to symptoms beyond the referring physician's scope of practice. The patient's diagnoses included lumbosacral neuritis, acquired spondylolisthesis, lumbago, and psychological pain disorder. The patient's treatment plan was to continue medications and refer the patient to a GI (gastrointestinal) specialist, a referral for a urological evaluation, and a referral for a psychological evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### UROLOGY CONSULTATION:

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89 - 92.

**Decision rationale:** The Cornerstones of Disability Prevention and Management Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines does support the use of outside consultation to provide additional expertise for the patient's treatment planning when evaluation of a particular health issue falls outside of the primary treating physician's level of comfort of practice. The clinical documentation submitted for review does indicate that the patient has sexual dysfunction, and that the evaluating physician requires additional information to establish an appropriate treatment plan. The request for a urology consultation is medically necessary and appropriate.

#### **PSYCHIATRIC EVALUATION:**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines does recommend psychological evaluations as generally accepted diagnostic procedures for patients with chronic pain issues. The clinical documentation submitted for review does provide evidence that the patient has chronic pain issues that would benefit from psychological evaluation. The prescribing physician indicates that additional information from a specialist would assist him in the treatment planning for this patient. The request for a psychiatric evaluation is medically necessary and appropriate.

#### **INTERNAL MEDICINE CONSULT:**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

**Decision rationale:** The Cornerstones of Disability Prevention and Management Chapter of the ACOEM Practice Guidelines does support the use of outside consultation to provide additional expertise for the patient's treatment planning when evaluation of a particular health issue falls outside of the primary treating physician's level of comfort of practice. As the physician has noted in the submitted documentation, he requires additional expertise to establish an appropriate treatment plan for this patient. The clinical documentation submitted for review does indicate that the patient has gastrointestinal upset, and that the evaluating physician requires additional information to establish an appropriate treatment plan. The request for an internal medicine is medically necessary and appropriate.