

Case Number:	CM13-0052345		
Date Assigned:	12/27/2013	Date of Injury:	07/12/2010
Decision Date:	08/27/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/15/2013

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 Occupational 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 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 34 year old male who was injured on 07/12/2010 while he was lifting a 70 pound box. He developed low back pain and tightness in his back. The mechanism of injury is unknown. The patient underwent two epidural blocks at L5-S1, trigger injections and shockwave therapy. He has been treated conservatively with acupuncture therapy, massage therapy and physical therapy. Diagnostic studies were reviewed. Initial comprehensive note dated 03/12/2013 states that the patient presented for an ortho consultation. He presented with complaints of low back pain with traveling pain to his lower extremities with numbness, tingling and weakness. He has gained weight and is experiencing anxiety, depression, and difficulty obtaining a restful sleep. His activities of daily living are limited as he has difficulty with prolonged sitting and standing, when rising from a chair and when getting into and out of a car. Objective findings on exam revealed tenderness to palpation of the lumbosacral junction and bilateral flank regions. There are paravertebral muscle spasms. He has tenderness of the bilateral sacroiliac joints and buttocks. Flexion is to 30 degrees and extension to 10 degrees; lateral bending is to 10 degrees; Paresthesia is noted in the distribution area of the bilateral L4/L5/S1 regions. The lower extremities revealed tenderness of the sciatic nerves bilaterally down to the calves. Deep tendon reflexes are 1+ and symmetric in both knees and left ankle; right knee is absent. Impressions are musculoligamentous strain of the cervical spine; protruded disc at L5/L1 with radiculopathy; non-orthopedic complaints of gastrointestinal pain, irritable bowel syndrome, and hemorrhoids; anxiety, depression, and sleep disorder. Prior utilization review dated 10/17/2013 states the request for an evaluation with [REDACTED] is modified to a psychology consult only by [REDACTED] is recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

EVALUATION WITH [REDACTED]: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PSYCHOLOGICAL EVALUATIONS Page(s): 100-101. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 - Independent Medical Examinations and Consultations, page 503 Official Disability Guidelines (ODG), Mental Illness and Stress; Psychological Evaluations.

Decision rationale: According to MTUS guidelines, referral to a specialist is recommended when a diagnosis is complex or may benefit from additional expertise. Psychological evaluations are recommended for chronic pain. In this case, a request is made for psychological evaluation with [REDACTED]. The patient is a 34-year-old male with chronic back pain, depression, anxiety and insomnia. Medical necessity is established for psychological evaluation.