

Case Number:	CM13-0054529		
Date Assigned:	12/30/2013	Date of Injury:	08/09/2011
Decision Date:	03/31/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/19/2013

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 Pain Management has a subspecialty in Disability Evaluation and is licensed to practice in California, District of Columbia, Florida, and Maryland. 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 patient is a 59 year old injured worker who sustained an injury to his low back during the course of his employment at [REDACTED] on 8/09/11. On that date, as he was bending to light a pilot light, he experienced sharp pain in his low back. He reported the injury, and consulted [REDACTED] an industrial physician, who referred him for x-ray films and an MRI, the results of which were abnormal. Dr. Feldman recommended low back surgery, which was performed on September 30, 2011, without benefit. He states that, in addition to persistent pain, he experienced loss of strength in his legs, left greater than right, and was given a left leg brace. As of a doctor's visit on 10/1/2012 the patient notes that he remains symptomatic, without improvement since his last evaluation. He reports lower back pain, 7-9/10, with radiating pain to the left and numbness in the lower extremities. He continues to have symptoms of depression, anxiety, and difficulty sleeping, as well as urinary incontinence. The secondary treating physician's progress report dated 09/11/2013 indicated that the provider discussed with the claimant the surgical treatment option of anterior posterior spinal fusion L5-S1 followed by posterior laminectomy and decompression L2, L3, L3-L4 and L5-S1. Examination finding is unchanged since last visit. The claimant is interested in the surgery; however, the claimant is not emotionally ready to have it done. The claimant is very anxious and has been depressed. The provider recommends full psychiatric clearance prior to proceeding with definitive surgical care which was modified by the previous UR physician for psychiatric evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Full psychiatrist clearance prior to proceeding with definitive surgical care: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC- Low Back - Lumbar & Thoracic (Acute & Chronic) Psychological Screening.

Decision rationale: The California MTUSACOEM Guidelines states that referral for extensive psychological/psychiatric evaluation and treatment prior to exploring patient expectations or psychosocial factors is not recommended. The Official Disability Guidelines (ODG) Low Back Procedure Summary states that pre-operative clinical surgical indications for spinal fusion should include a psychosocial screening with confounding issues addressed. In this case considering the claimant's psychological symptoms and notation that surgery is being considered, a psychological evaluation as is reasonable. Therefore the request for full psychiatrist clearance prior to proceeding with definitive surgical care is not medically necessary and appropriate.