

<b>Case Number:</b>	CM13-0059418		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/11/2013
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 Psychiatry & Neurology, Addiction Medicine, has a subspecialty in Geriatric Psychiatry and is licensed to practice in California and 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 injured worker is a 36 year old male who sustained an industrially related low back injury on 04/11/13. He was diagnosed with a lumbar strain. On 06/21/13 Lumbar MRI showed moderate degenerative disc disease with spondylosis at L5-S1, and L5-S1 broad based posterior disc osteophyte complex with disc component predominating, all other lumbar discs were normal in appearance. On 06/25/13 in an orthopedic follow up evaluation [REDACTED] recommended acupuncture and referral to a pain management specialist. A PR2 of 8/27/13 by [REDACTED] indicated that the patient suffered from headaches, and pain in the buttocks, mid and upper back, buttocks, neck, and left knee/leg/foot pain. The pain was associated with weakness in the leg, knee locking, and foot numbness. He had lumbar tenderness, guardedness, spasms, trigger points, decreased sensation, and limited range of motion. A PR2 of 10/22/13 by [REDACTED] noted that the patient's low back pain was worse after lumbar epidural steroid injection of 10/10/13. X-ray of the lumbar spine on 11/27/13 shows degenerative disc disease at L5-S1. The 11/19/13 EMG study was normal. He received physical therapy, electrical stimulation, hot/cold pack application, and ultrasound. It is unclear what response the patient had to these treatments. The patient's medications included Cyclobenzaprine, Tramadol, Naproxen, Ondansetron, Pantoprazole, and Terocin lotion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRE-SPINE SURGERY PSYCH SCREENING:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment, Low Back - Lumbar & Thoracic (Acute & Chronic), Psychological Screening.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Psychological evaluations, IDDS & SCS

**Decision rationale:** California MTUS does not specifically address presurgical psychological screening; therefore ODG was utilized in the formulation of this decision. Per ODG, psychological evaluations are recommended pre-intrathecal drug delivery systems (IDDS) and spinal cord stimulator (SCS) trial. These recommendations can be extrapolated to other types of surgeries as well. There is no evidence in records provided that surgery of any type was a consideration at any point. There are a multitude of possibilities including disc fusion and intrathecal drug delivery systems, to name just two. The patient received nonsurgical interventions of physical therapy, acupuncture, epidural steroid injection, and pain management. His EMG was normal. The efficacy of these treatments is unclear; there was only one notation of 10/22/13 by [REDACTED] indicating that the patient felt worse after ESI. There was no mention of surgery in any of the orthopedic evaluations, follow ups, or PR2's reviewed. Based on records reviewed there was no documentation to show that the patient had high overall levels of distress, history of failure of conservative therapy or failed surgery, and no evidence of substance abuse, serious mood or personality disorders. Therefore the request is not medically necessary.