

<b>Case Number:</b>	CM14-0008357		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	10/02/1995
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	12/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 53-year-old male who has submitted a claim for Chronic Pain Syndrome; Postlaminectomy Syndrome, Lumbar Region; Lumbar Radiculitis; Lumbar Degeneration of Intervertebral Disc; Lumbar Stenosis; Lumbar Spondylosis without Myelopathy; Sciatica; and Depression with Anxiety related to Chronic Pain, associated with an industrial injury date of October 2, 1995. Medical records from 2012 through 2014 were reviewed, which showed that the patient complained of pain in the lower back and right lower extremity, with numbness, burning, and tingling of the left lower extremity. Review of systems was unremarkable. On physical examination, the patient had a short stride and wide-based gait with loss of lordosis. There was tenderness over the right lumbar paraspinals and gluteal regions. Lumbar range of motion was restricted on all planes. No sensorimotor deficits of the lower extremities were noted. Deep tendon reflexes were 2+ and symmetrical. Straight leg raise test was positive bilaterally. Psychological examination was normal. X-ray of the thoracic spine dated December 19, 2013 revealed SCS paddle lead extending from midline of the top of T8 to mid-T9. Treatment to date has included medications, L4-S1 fusion, right knee arthroscopy, spinal cord stimulator trial, and spinal cord stimulator implantation with T9-10 laminectomy (July 3, 2013). Utilization review from December 27, 2013 denied the prospective request for 1 x-ray because a request for the same service between September 3, 2013 and January 11, 2014 was certified in another utilization review; thus, the current request represented a duplication of services, which was not required; and 1 consultation with psychiatrist because the documentation showed normal objective psychological findings.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for (1) x-ray 12/19/2013: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institute for Health and Clinical Excellence (NICE).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** According to page(s) 303-305 of the ACOEM Practice Guidelines referenced by CA MTUS, x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. In this case, x-ray of the thoracic spine AP and lateral was requested to evaluate spinal cord stimulator leads to rule out lead migration because the patient reported that stimulation radiated to the abdomen and was not able to reach his calves and feet. Thus, ruling out lead migration would aid in patient management by helping to decide if spinal cord stimulator revision would be needed. Therefore, the request for retrospective request for 1 x-ray 12/19/2013 is medically necessary.

**(1) Consultation with psychiatrist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 127, 156.

**Decision rationale:** According to pages 127 & 156 of the ACOEM Guidelines referenced by CA MTUS, consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. In this case, consultation with a psychiatrist was recommended for the patient's depression. However, the medical records failed to provide subjective and objective evidence of depression. The records even reported normal psychological findings on examination. Therefore, the request for 1 consultation with psychiatrist is not medically necessary.