

Case Number:	CM14-0009304		
Date Assigned:	02/14/2014	Date of Injury:	12/11/2007
Decision Date:	06/27/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	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 licensed in Psychology, 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 injured worker is a 55-year-old male who reported an injury on 12/11/2007; the mechanism of injury was a fall. The injured worker was diagnosed with status post posterior fusion of the lumbar spine, L3-4, L4-5 and L5-S1. The clinical note dated 06/19/2013 indicated the injured worker had a drug problem notwithstanding his old history. The clinical note further indicated if there was any hope for the injured worker to restore to a drug-free state, pathology to the L2-3 level would need to be addressed, followed by a detox program. The injured worker reported continuing his care with another physician where his medications included Hydrocodone, Oxycodone, and eventually Methadone and which he had taken in quantities up to 120 mg per day. The injured worker was ambulatory with the use of a wheeled walker; however, he had fallen on a couple of occasions. On 12/18/2013, the injured worker reported increased pain to the lower back that radiated into his right buttock down to his right leg. He reported surgery was requested on 05/08/2013. The physician, indicated that there seemed to be a significant problem with the injured worker's medication use, as well as the injured worker reporting that medications were being filled under the injured worker's name, which the injured worker denied receiving. The physician indicated that once the fact of his actual drug use had been established and the problem with who was filling the medications under the injured worker's name could be rectified, then the appropriate authorities could be notified. On 01/17/2014, the decision was made for them to proceed with lumbar surgery without delay. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHE EVALUATION QUANTITY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Guidelines, Low Back, Psychological Screening.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-101.

Decision rationale: The request for psyche evaluation is certified. The California Chronic Pain Medical Treatment Guidelines indicates Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The interpretations of the evaluation should provide clinicians with a better understanding of the patient in their social environment, thus allowing for more effective rehabilitation. The injured worker's primary physician indicated the recommendation would not influence his decision whether he proceeded with surgery or not. It was unclear why the injured worker would require a psychological evaluation. Therefore, the request for psyche evaluation is not medically necessary.