

Case Number:	CM14-0135919		
Date Assigned:	09/03/2014	Date of Injury:	03/15/2011
Decision Date:	10/10/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/25/2014

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 Neurological Surgery 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 records presented for review indicate that this 46-year-old female was reportedly injured on March 15, 2011. The most recent progress note, dated July 2, 2014, indicates that there are ongoing complaints of low back pain radiating to the lower extremities with numbness and weakness. The physical examination demonstrated the presence of an antalgic gait. There were spasms and tenderness along the lumbar spine paravertebral muscles with decreased lumbar spine range of motion. There was decreased sensation at the bilateral L5 and S1 dermatomes. Diagnostic imaging studies revealed a collapse of the disk space at L5 - S1. Previous treatment includes a lumbar spine laminectomy. A request had been made for a psychological evaluation for spine Surgery clearance and was not certified in the pre-authorization process on July 29, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological Evaluation Spine Surgery Clearance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 (Effective July 18, 2009) Page(s): pages 101-102.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-102.

Decision rationale: The attached medical record indicates that the injured employee has previously had a psychological evaluation in April 2014. There is not stated to be any changes in the injured employee psychological condition since that time. The most recent progress note dated July 2, 2014, does not indicate any psychological issues. As such, this request for a psychological evaluation for spine Surgery clearance is not medically necessary.