

Case Number:	CM14-0137832		
Date Assigned:	09/05/2014	Date of Injury:	04/01/2012
Decision Date:	10/03/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/26/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 49-year-old male with an injury date of 04/01/2012. Based on the 05/12/2014 progress report, the patient complains of intermittent pain in his neck, which radiates into his shoulders, arms, and elbows. The patient also has numbness/tingling in his fingers and has a popping, clicking, and grinding in the neck. He rates his neck pain as a 6/10. The patient also has constant pain in the mid back region which radiates into the lower back region and he rates as a 7-8/10. The patient complains of constant pain in the lower back, which radiates down into the buttocks and has a burning sensation, rating it as a 7-8/10. The 04/17/2014 MRI of the cervical spine reveals the following: 1. Cervical spondylosis, C2-C3 through C6-C7 disk. 2. At C4-C5, 4 mm posterior disk protrusion narrowing the thecal sac to 5 mm AP. 3. At C5-C6, a 3.5 broad-based posterior disk protrusion. Thecal sac is narrowed and measures 4.5 mm AP. Mild narrowing of neuroforamen bilaterally. 4. At C6-C7, a 3.2 mm posterior disk protrusion. Thecal sac is narrowed and measures 5.5 mm AP. Moderate narrowing of right and mild narrowing of left C6-C7 neuroforamina. 5. Spinal stenosis at C4-C5, C5-C6, and C6-C7 levels due to posterior disk protrusions and developmentally narrowed canal. The 04/17/2014 MRI of the upper extremity revealed the following: 1. A type II acromion with moderate degenerative change in the acromioclavicular joint. 2. Degenerative arthritis of left glenohumeral joint. 3. Tendinosis of supraspinatus tendon. 4. Intrasubstance degeneration in the superior labrum. 5. Mild subacromial/subdeltoid bursitis. The patient's diagnoses include the following: 1. Minor residual of successful bilateral carpal tunnel release in the context of diabetic polyneuropathy. 2. Bilateral ulnar neuropathy at the elbows, moderate on the right and mild on the left. 3. No evidence of cervical radiculopathy, brachial plexopathy, or other peripheral nerve entrapment. The utilization

review determination being challenged is dated 07/25/2014. Treatment reports were provided from 10/09/2013 - 06/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological assessment and evaluation: Overturned

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

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

Decision rationale: Based on the 05/12/2014 progress report, the patient complains of having neck pain, mid back pain, and lower back pain. The request is for a psychological assessment and evaluation. MTUS Guidelines page 100- 102 states that "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 and their social environment, thus allowing for more effective rehabilitation." The request is medically necessary.