

Case Number:	CM14-0155172		
Date Assigned:	09/25/2014	Date of Injury:	03/30/2010
Decision Date:	12/12/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/22/2014

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 Orthopedic Spine Surgeon 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 injured worker is a 45-year-old male. His date of injury was 03/30/2010. His mechanism of injury was not included in the medical record. His diagnoses included left radiculopathy, lumbar strain, and herniated nucleus pulposus. On 05/14/2014, he was administered Demerol 75mg and Phenergan 25 mg intramuscular. His pertinent diagnostic studies have included an MRI on 07/21/2014 and nerve conduction study on 08/01/2014. His past surgical history is not included in the medical record. On 08/20/2014, he had complaints of shocking pains in his left upper and lower extremities. During the physical exam of 08/20/2014, it is noted that the injured worker developed symptoms of myelopathy in the left upper and lower extremities. The medication list included Soma, Lyrica, Flector patches, oxycontin, and hydrocodone. His treatment plan included consultation and treatment with an orthopedic spine surgeon, consultation for psychological evaluation regarding depression secondary to his work injury, and followup at clinic. The rationale for the request is to assist the injured worker in controlling his pain and depression. The Request for Authorization form is not included in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with [REDACTED] (orthopedic spine surgeon): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Compensation, Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

Decision rationale: The request for Consultation with [REDACTED] (orthopedic spine surgeon) is not medically necessary. The injured worker has a history of left radiculopathy, lumbar strain, and herniated nucleus pulposus with C5-6 cord compression. He recently developed shocking pains in his left upper and lower extremities. The California MTUS/ACOEM Guidelines state that surgical considerations are indicated for patients who have persistent severe and disabling shoulder or arm symptoms, activity limitation for more than 1 month, or extreme progression of symptoms; unresolved radicular symptoms after receiving conservative treatment; clear clinical, imaging, and electrophysiologic evidence consistently indicating the same lesion has been shown to benefit from surgical repair in both the short and long term. The medical record indicates that the MRI results on 07/21/2014 showed severe foraminal stenosis indenting the cord from herniated disc at C4-5. The medical record indicates that the injured worker has been having persistent severe and disabling shoulder/arm symptoms since the date of injury. His symptoms have progressed, now having shocking pains down his left arm and leg, and he has a positive Spurling's test on the left. The medical record does not indicate that the injured worker received conservative treatment and after that attempt the radicular symptoms remained unresolved. Further evaluation would be required with imaging before a surgical consultation would be indicated. In addition, the consultation should not be limited to one individual. Therefore, the request is not medically necessary.

Consultation with [REDACTED] psychological evaluation: Upheld

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

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

Decision rationale: The request for Consultation with [REDACTED] psychological evaluation is not medically necessary. The injured worker is diagnosed with left radiculopathy, herniated nucleus pulposus C5-6 with cord compression, lumbar sprain, and displacement of cervical intervertebral disc. The California MTUS Guidelines state that psychological evaluations are recommended. They are a well established diagnostic procedure not only for people with pain problems but also with more widespread use in chronic pain population. The benefits of improved depression care extended beyond reduced depressive symptoms and included decreased pain as well as improved functional status. The medical record documents chronic pain complaints. Based on this, a consultation would be appropriate. However, there is no documentation in the medical record that involves depression or depression testing to support the request for a psychological evaluation. Therefore, the request is not supported by the medical record. The request for Consultation with [REDACTED] psychological evaluation is not medically necessary.

