MAXIMUS Federal Services

Case Number:	CM14-0023500		
Date Assigned:	05/12/2014	Date of Injury:	10/07/2011
Decision Date:	07/17/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/24/2014

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 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 claimant is a 48 year-old male ([redacted]) with a date of injury of 10/7/11. The claimant sustained injury to his cervical and lumbar spine when he was loading boxes on a pallet and the boxes fell on him, causing him to fall to the ground with pain in his neck and lower back area. Later that day, the claimant was pinned between a forklift and a pallet, which increased the pain he had already been experiencing. The claimant sustained these injuries while working as a laborer for [redacted]. In his 4/14/14 PR-2 report, [redacted] diagnosed the claimant with: (1) Cervical spine pain, rule out right C5-C6, C6-C7, C7-C8 radiculopathy; mild C5-C6 uncovertebral changes and partial calcification of anterior intervertebral ligament at C5-C6 on X-ray 4/24/13. There is severe left and mild right neural foraminal narrowing at C3-C4 without bulging or central canal narrowing; mild left and severe right neural foraminal narrowing at C4-C5 without bulging or central canal narrowing; a 4 to 5 mm disc protrusion at C5-6 with mild to moderate central canal narrowing and moderate bilateral neural foraminal narrowing; and a 3 mm disc bulge at C6-7 with mild central canal narrowing and mild to moderate neural foraminal narrowing on MRI of the cervical apine 12/12/12. By my reading, there is a 3.57 mm disc protrusion at C5-6 with mild right greater than left spinal compression and mild greater than left foraminal stenosis. There is a 1-to2-mm posterior disc bulge at C3-4; bilateral exiting nerve root compromise is seen; a 1-to2-mm posterior disc bulge disc at C4-5; right exiting nerve root compromise is seen; moderate bilateral neural foraminal narrowing at C5-6 secondary to 2 mm to 3 mm posterior disc bulge; bilateral exiting nerve root compromise is seen; moderate to severe bilateral neural foramnal narrowing at C6-7; 2 mm posterior disc bulge and uncovertebral osteophyte formation on MRI of the cervical spine 10/24/13; and (2) Status post lumbar laminectomy and foraminotomy of the L5-S1, partial fasciectomy at L5-Si, laminectomy and microdiskectomy at L5-S1, [redacted] 9/25/12 with persistent left greater than right sciatica.

There is mild to moderate right-sided neural foraminal stenosis.Also, there is a small left foraminal disc protrusion at L5-S1 resulting in moderate left-sided neural foraminal stenosis, and mild compression deformity of the T12 vertebral body on CT scan of the lumbar spine 12/21/13. Additionally, in [redacted] 2/26/14 "Orthopaedic Evaluation for Surgical Consultation", the claimant was diagnosed with: (1) degenerative disc disease of the cervical spine at C4-5, C5-6, and C6-7 per MRI; (2) Cervicodorsal muscle spasm; and (3) Cervical radiculopathy of the left upper extremity.It is also noted within the medical records that the claimant struggles with symptoms of both depression and anxiety. However, the information regarding these symptoms is minimal.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHIATRIC CONSULTAITON: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE GUIDELINES, Chapter 7.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404.

Decision rationale: The ACOEM guideline regarding referrals will be used as reference for this case. Although the ACOEM guideline indicates that referral "may be necessary when patients have significant psychopathology or serious medical comorbidities," the records offered for review do not present adequate evidence to warrant a psychiatric evaluation. There is some brief documentation regarding anxiety and depression symptoms, but no elaboration is found within the records. Since there is insufficient information to substantiate the request, the request for a "PSYCHIATRIC CONSULTATION" is not medically necessary.