

Case Number:	CM14-0029706		
Date Assigned:	04/09/2014	Date of Injury:	01/30/2007
Decision Date:	05/09/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/23/2014

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 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 47-year-old male who reported an injury on 01/30/2007. The mechanism of injury was not provided in the medical records. The 06/21/2013 clinic note reported complaints of low back and right upper leg pain. The injured worker has a history of lumbar discectomy at L4-5 performed in 07/2007 with a revision performed in 12/2011. He had an intrathecal pump placement in 12/2012. The note reported his pain level was stable at a 5/10 to 6/10. On examination of the lumbar spine, he had restricted range of motion with flexion of 60 degrees and extension of 10 degrees. He had positive lumbar facet loading and straight leg raise, with ankle jerk 0/4 on the right and 2/4 on the left, and patellar jerk 0/4 on the right and 3/4 on the left. His motor strength of the extensor hallucis longus muscle was 2/5 on the right and 5/5 on the left, ankle dorsiflexion was 2/5 on the right and 5/5 on the left, ankle plantar flexor 3/5 on the right and 5/5 on the left, knee extensors 4/5 on the right and 5/5 on the left, and knee flexors 5-/5 on the right and 5/5 on the left. His sensation was decreased to light touch over the L4 and L5 dermatomes on the right. He was recommended to continue trazodone, Rozerem, and intrathecal pump hydromorphone and bupivacaine, as well as a pain consult for assessment of pain coping skills and recommendations for improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCH CONSULTATION WITH [REDACTED]: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23, 78.

Decision rationale: CA MTUS states psychotherapy may be indicated for patients with risk factors for delayed recovery, including fear avoidance beliefs, if there is lack of progress from physical medicine alone after 4 weeks or if there is evidence of depression, anxiety, or irritability. The documentation submitted did not provide evidence the injured worker had risk factors for delayed recovery, lack of progress from physical medicine, evidence of depression, anxiety, irritability, or misuse. Additionally, the documentation indicates the injured worker has had a previous psychiatric evaluation. Given the above, the documentation does not support the need for a psychiatric consult at this time. As such, the request is non-certified.