MAXIMUS Federal Services

Case Number:	CM14-0078685		
Date Assigned:	07/18/2014	Date of Injury:	05/02/2013
Decision Date:	09/24/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/28/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 60 year old male who sustained an injury to his neck on 06/02/13 when he slipped getting out of a van. MRI of the cervical spine dated 12/31/13 revealed C3-4 hypertrophy at the left uncovertebral joint causing left foraminal narrowing; C4-5, hypertrophy of the bilateral uncovertebral joints causing bilateral foraminal narrowing; C5-6, 2mm broad based posterior disc bulge and there is also hypertrophy of the bilateral uncovertebral joints causing central canal and bilateral neuroforaminal narrowing; minimal AP diameter of the cervical spine canal measures 1.1cm at the level of C3 through C5 vertebra, compatible with spinal stenosis; at the level of C7-T1, there is a 2mm broad based posterior disc bulge indenting the anterior thecal sac. The clinical note dated 03/27/14 reported that the injured worker has pain radiating to his thumb and index finger. Physical examination showed motor strength normal, but shoulder rotators were not. Sensory decreased at the C6-7 level; Spurling's test positive. It was also noted that EMG showed pathology at C6, C7, and C8. The injured worker has been recommended for anterior cervical discectomy and fusion (ACDF) at C3 through C6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychologist/Psychiatrist Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress chapter, Psychological evaluations.

Decision rationale: The request for a psychology/psychiatrist evaluation is not medically necessary. The peer to peer was unsuccessful in attempts to obtain additional supporting clinical information. The records indicate that the injured worker was recommended for anterior cervical discectomy and fusion at C3 through C6. This request was non-certified per non-certification note dated 06/27/14. The Official Disability Guidelines state that diagnostic psychological 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. Given that the previous request for a cervical fusion was denied, the request for a psychological/psychiatrist evaluation is also not indicated as medically necessary.