MAXIMUS Federal Services

Case Number:	CM14-0081983		
Date Assigned:	07/21/2014	Date of Injury:	05/02/2013
Decision Date:	09/03/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/02/2014

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 Surgery 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 patient is a 61 year old male who was injured on 05/02/2013 when he slipped getting out of a van. He sustained an injury while performing his usual and customary duties on the job. Prior treatment history has included two lumbar epidural steroid inejciton and one right hip intra-articular injection; acupuncture therapy.On most recent pain management note dated 05/28/2014, the patient complained of headaches, neck pain, and low back pain. He reported with medications, his pain is tolerable. On exam, straight leg raise, Patrick's test, facet loading test, and Spurling's test were all noted to be positive. His sensation is decreased in the right leg. He has tenderness to palpation over the cervical paraspinal musculature upper trapezius muscles; scapular border, and lumbar paraspinal musculature. There is tenderness over the groin regio and bilateral greater trochanteric bursa. O'Brien's test was noted to be positive on the left shoulder. Diagnoses are cervicalgia, cervical radiculopathy, cervical disc protrusion, lumbar radiculopathy, lumbar facet dysfunction, anxiety, chronic pain syndrome, opioid dependence, left shoulder pain, and genohumeral ligament laxity. 06/02/2014 PR-2 documents the patients doctor has requested neck surgery and he is pending a psych evaluation prior to neck surgery. Prior utilization review dated 05/08/2014 states the request for Pre Operation Psychologist/Psychiatrist Evaluation is denied as there is a lack of evidence to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre Operation Psychologist/Psychiatrist Evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181,Chronic Pain Treatment Guidelines Psycological evaluation Page(s): 100-101.

Decision rationale: The patient is referred or scheduled for cervical nerve root decompression. The medical record does not have a recommendation from the surgeon who is performing the procedure, relative information and information to support the request are not documented. The record lacks sufficient information to overturn the UR decision; therefore, the request is medically unnecessary.