

Case Number:	CM14-0099468		
Date Assigned:	07/28/2014	Date of Injury:	07/30/2010
Decision Date:	12/30/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/27/2014

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 Internal Medicine, has a subspecialty in Nephrology, 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 patient is a 34-year-old male who has submitted a claim for lumbosacral radiculopathy, lumbago status post fusion and major depressive disorder associated with an industrial injury date of 7/30/2010. Medical records from 2014 were reviewed. The patient complained of low back pain radiating to the left lower extremity. He likewise experienced urinary incontinence. He developed a lump in his right flank after the spinal cord stimulator trial but is slowly subsiding. He also reported increasing symptoms of depression and anxiety because of his medical condition. Physical examination showed an alert and oriented patient. There were no signs of sedation. Spasm and tenderness were noted along the paralumbar muscles with limited motion on flexion and extension. Motor and reflexes were intact. Sensory was diminished at L4-S1 dermatomes. Right flank tenderness was noted without erythema or discharge. The right side was firmer to touch when compared contralaterally. The patient was evaluated by a psychologist on 2/13/2014 recommending a formal psychiatric treatment. He reported symptoms of depressed mood, impaired sleep, fatigue and panic attacks. The mental status examination showed a dysphoric and anxious mood. He had constricted range of affect but affective intensity and mobility were normal. Treatment to date has included lumbar spine surgery in 2010, spinal cord stimulator trial, Xanax, Percocet, Neurontin and Wellbutrin. The present request for MRI of the right flank is to identify current physiological insults and to define anatomical landmarks in reference to tenderness and lump developed after the spinal cord stimulator trial. The utilization review from 6/2/2014 denied the request for MRI of the right flank because of no red flag signs documented; denied psychological evaluation because a psychologist already evaluated him on 4/1/2014; and denied neurology evaluation because there were no red flag signs noted relative to the lower back or lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurology Evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Severe or Progressive Neurologic Deficit

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page(s) 127

Decision rationale: As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, the patient complained of low back pain radiating to the left lower extremity. Spasm and tenderness were noted along the paralumbar muscles with limited motion on flexion and extension. Motor and reflexes were intact. Sensory was diminished at L4-S1 dermatomes. Symptoms persisted despite lumbar spine surgery in 2010, spinal cord stimulator trial and medications. The patient also developed urinary incontinence. The medical necessity of referral to neurology has been established given the worsening of the patient's symptoms despite present management. Therefore, the request for neurology evaluation is medically necessary.

Psychological Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS ACOEM Chapter 7 Consultation to aid in the Diagnosis, prognosis, Therapeutic Management, Determination of Medical Stability, and Permanent Residual Loss and /or the Examinees Fitness to work

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page(s) 127

Decision rationale: As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, the patient reported increasing symptoms of depression and anxiety because of his medical condition. Physical examination showed an alert and oriented patient. There were no signs of sedation. He reported symptoms of impaired sleep, fatigue and panic attacks. The mental status examination showed a dysphoric and anxious mood. He had constricted range of affect but affective intensity and mobility were normal. Present medications include Xanax and Wellbutrin. However, the patient was evaluated by a psychologist on 2/13/2014 recommending a formal

psychiatric evaluation. There is no clear rationale for a repeat psychologist evaluation at this time when it is unclear if patient has been referred to psychiatry already. Therefore, the request for psychological evaluation is not medically necessary.