

Case Number:	CM14-0196631		
Date Assigned:	12/04/2014	Date of Injury:	02/23/2012
Decision Date:	02/09/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/24/2014

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 Board Certified in Internal Medicine 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 injured worker (IW) is a 54-year-old woman with a date of injury of February 23, 2012. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are L5-S1 degenerative disc disease; L4-L5 stenosis; Grade I spondylolisthesis L4 on L5; and L4-L5 facet arthropathy. Pursuant to the sole orthopedic progress note dated November 7, 2014, the IW complains of low back pain, hip pain, and left knee pain. According to documentation, an authorization is being resubmitted for the recommended L4-L5 bilateral laminectomy and subtotal facetectomy with TLIF and PSIF. Examination of the lumbar spine reveals palpable tenderness over the upper buttocks bilaterally. There is decreased sensation over the left L4 and L5 dermatome distributions on the right L4 dermatome. There are no mental health issues in this subjective, objective or assessment sections of the medical record. The discussion indicates the patient is currently pending authorization for psychiatric consultation prior to resubmission for the requested surgical procedure. There is no clinical indication or clinical rationale for a psychiatric consultation in that medical record. The current request is for a psychiatric consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with a psychiatrist for evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004 page 127; Official Disability Guidelines (ODG), Low Back.

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, page 127

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, a psychiatric consultation is not medically necessary. The consultation is recommended to aid in the diagnosis, prognosis, and therapeutic management, determination of medical stability and permanent residual loss and/or examinees finding for fitness to return to work. In this case, there is a single orthopedic narrative with request for authorization dated November 7, 2014. Injured worker's working diagnoses are L5 - S1 degenerative disc disease; L4 - L5 stenosis; grade 1 spondylolisthesis L4 on L5; and L4 - L5 facet arthropathy. There are no mental health issues in the objective, subjective or assessment sections of the medical record. The discussion indicates "the patient is currently pending authorization for psychiatric consultation prior to resubmission" for the requested surgical procedure. There is no clinical indication or clinical rationale for a psychiatric consultation in that medical record. Consequently, absent a clinical indication and or clinical rationale for a psychiatric consultation, psychiatric consultation is not medically necessary.