

Case Number:	CM14-0206362		
Date Assigned:	12/18/2014	Date of Injury:	11/16/2013
Decision Date:	02/10/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/09/2014

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 licensed in Psychology (PHD, PSYD), 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:

According to the provided medical records, this patient is a 50 year old female who reported a work-related injury that occurred on November 16, 2013 during the course of her employment for [REDACTED].. The injury occurred while the patient was working as a facility manager and lost her footing and fell, landing on her tailbone, sciatic nerve at the foot of the stairs and her right shoulder blade was jammed.. Medically, a partial list of her diagnoses include: cervical myospasm; lumbar disc protrusion; lumbar degenerative disc disease; lumbar myalgia. She reports severe pain interfering with sleep noting low back pain radiating to the right buttocks and neck pain. She reports fatigue and tiredness, difficulty concentrating, bowel problems and vomiting, change in sexual function problems with nervousness, headache, sleep disruption. A request was made for authorization for a pre-spinal fusion surgery psychological clearance evaluation (cervical/lumbar); the request was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Spine Fusion Surgery Psych Clearance (cervical/lumbar): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Procedure Summary last updated 08/22/14

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines part 2, behavioral interventions, psychological evaluation Page(s): 100-101.

Decision rationale: According to the MTUS psychological evaluations are generally accepted, well-established diagnostic procedures not only with selective use in pain problems, but with more widespread use in chronic pain populations. Diagnostic evaluation should distinguish between conditions that are pre-existing, aggravated by the current injury or work-related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. According to the official disability guidelines: psychometrics are very important in the evaluation of chronic complex pain problems, but there are some caveats. Not every patient with chronic pain needs to have a psychometric exam. Only those with complex or confounding issues. Evaluation by a psychologist is often very useful and sometimes detrimental depending on the psychologist and the patient. Careful selection is needed. Psychometrics can be part of the physical examination, but in many instances this requires more time than it may be allocated to the examination. With regards to the request for a pre-surgical psychological assessment, the medical necessity of the requested treatment was not established by the documentation provided. Although the MTUS treatment guidelines do recommend psychological evaluations, there was no stated rationale for the reason why this particular patient needs a pre-surgical psychological clearance for the surgery. There was no indication in the medical records of psychological disturbance other than a mention of nervousness, the remainder of her symptomology discussed could be accounted for by her physical injury. Because no rationale was provided for the requested intervention and her medical condition does not appear to be marked by particularly "complex or confounding issues" -as described in the guidelines, medical necessity was not evidenced. Not all patients require pre-surgical psychological clearance, however if there is indications of psychological issues being present then it would be medically necessary and appropriate. Because the medical necessity was not established, the request for the pre-surgical intervention is not established by the documentation that was provided for consideration. Therefore the utilization review determination for is not medically necessary.