

Case Number:	CM14-0208197		
Date Assigned:	12/19/2014	Date of Injury:	04/20/2000
Decision Date:	02/19/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/11/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 56-year-old female who reported an injury on 08/21/1998 due to an unspecified mechanism of injury. On 11/03/2014, she presented for a followup evaluation. She reported moderate pain mostly in the back area. She also stated that she had undergone a course of physical therapy but could not finish it and has had multiple medication trials in the past with little success. She also reported bilateral hip pain. A physical examination showed pain to palpation to the lumbar facets on both sides of the L3-S1 region and pain over the lumbar intervertebral discs on palpation. Motor strength was grossly normal. She was diagnosed with cervical radiculopathy; CRPS 2, lower extremity; sacroiliac instability; lumbar degenerative disc disease; lumbar spine radiculopathy; lumbosacral spondylosis without myelopathy; and rotator cuff. Documentation regarding medications, surgical history, and diagnostic studies was not provided. The Request for Authorization form and a rationale for the request were also not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Psychotherapy Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluation, IDDS & SCS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-101.

Decision rationale: The California MTUS Guidelines recommend psychotherapy evaluations when there is evidence of depression, anxiety, and irritability. The request reads that the psychotherapy evaluation is an associated surgical service. However, there was no documentation provided in the medical records stating that the injured worker was to undergo surgery. Without knowing what surgery the injured worker was to undergo, the requested psychotherapy evaluation would not be supported as not all surgeries require psychological evaluations. As such, the request is not medically necessary.

Associated surgical service: Pre-op History and Physical: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.guideline.gov/summary/summary.aspx?doc_id=12973&nbr=6682&ss=68x1=999

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Preoperative tests.

Decision rationale: The Official Disability Guidelines state that preoperative tests should be guided by the injured worker's clinical history, comorbidities, and physical examination findings. Based on the clinical information submitted for review, the injured worker was noted to be symptomatic regarding the low back and bilateral hips. However, there is no evidence showing that she has any comorbidities or underlying health conditions that would indicate the need for a preoperative history and physical. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.

Associated surgical service: EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.guideline.gov/summary/summary.aspx?doc_id=12973&nbr=6682&ss=68x1=999

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Preoperative tests.

Decision rationale: The Official Disability Guidelines state that preoperative tests should be guided by the injured worker's clinical history, comorbidities, and physical examination findings. Based on the clinical information submitted for review, the injured worker was noted to be symptomatic regarding the low back and bilateral hips. However, there is no evidence showing

that she has any comorbidities or underlying health conditions that would indicate the need for a preoperative EKG. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.

Associated surgical service: Chest X-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.guideline.gov/summary/summary.aspx?doc_id=12973&nbr=6682&ss=68x1=999

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Preoperative tests.

Decision rationale: The Official Disability Guidelines state that preoperative tests should be guided by the injured worker's clinical history, comorbidities, and physical examination findings. Based on the clinical information submitted for review, the injured worker was noted to be symptomatic regarding the low back and bilateral hips. However, there is no evidence showing that she has any comorbidities or underlying health conditions that would indicate the need for a preoperative chest x-ray. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.

Associated surgical service: Labs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.guideline.gov/summary/summary.aspx?doc_id=12973&nbr=6682&ss=68x1=999

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Preoperative testing.

Decision rationale: The Official Disability Guidelines state that preoperative tests should be guided by the injured worker's clinical history, comorbidities, and physical examination findings. Based on the clinical information submitted for review, the injured worker was noted to be symptomatic regarding the low back and bilateral hips. However, there is no evidence showing that she has any comorbidities or underlying health conditions that would indicate the need for preoperative labs. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.