

Case Number:	CM14-0210892		
Date Assigned:	12/23/2014	Date of Injury:	08/13/2013
Decision Date:	02/13/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/16/2014

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 New York. 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 has a date of injury of August 13, 2013. The patient has chronic neck pain and left hand numbness. The patient has been diagnosed with degenerative disc condition. The medical records do not document that the patient has instability or significant neurologic deficit. The patient continues to have chronic neck pain despite conservative measures. At issue is whether psychiatric clearance prior to spinal fusion is medically needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Spinal Fusion Surgery Psych Clearance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 186; 305-322.

Decision rationale: Psychiatric clearance is not medically necessary for this injured prior to any fusion. Specifically, the medical records do not document that this injured worker meets guideline criteria for cervical fusion surgery. There is no documented instability fracture or tumor. There is no documented significant neurologic deficit. There are no red flag indicators

for neck surgery such as progressive deficit neurologically, fracture, or tumor. Since surgery is not medically necessary, the psychiatric clearance is not medically necessary.