

Case Number:	CM14-0076163		
Date Assigned:	07/16/2014	Date of Injury:	04/17/2012
Decision Date:	02/03/2015	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/23/2014

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 Physical Medicine Rehab, has a subspecialty in Interventional spine 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 63-year-old male with an injury date of 04/17/2012. Based on the 03/24/2014 progress report, the patient complains of numbness/tingling and pins and needles going down the left leg at times. He rates his pain as an 8/10. The 04/07/2014 report indicates that the patient has a positive straight leg raise. No further exam findings were provided on this report. The 04/16/2014 report states that the patient continues to have severe back pain with radiation to the right lateral posterior leg. He has severe tenderness upon palpation and a decreased range of motion. The patient uses a cane to walk and his patellar reflexes are decreased. The 01/17/2014 electrodiagnostic testing showed a subacute right L4, L5, and a left S1 radiculopathy. The 04/07/2014 MRI of the lumbar spine reveals that the patient has disk herniation at L3-L4 with retrolisthesis, moderate facet arthropathy, and central stenosis. The patient's diagnoses include the following: 1. L4-S1 non-instrumented posterolateral fusion, 1983.2. Adjacent segment disease at L3-L4.3. History of smoking. The utilization review determination being challenged is dated 05/01/2014. Treatment reports were provided from 11/04/2013 - 04/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, Independent Medical Examinations and Consultations, page 127

Decision rationale: According to the 04/16/2014 progress report, the patient presents with severe back pain with radiation to the right lateral posterior leg. The request is for a psychological evaluation. ACOEM Practice Guidelines, 2nd edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialist if the diagnosis is uncertainly or extremely complex, when psychosocial factors are present, or when the plan or course of care would benefit from additional expertise." The 04/16/2014 report states, "A request will be put in today for a psychological evaluation for the requested surgery." The surgery is a decompression and fusion. The patient has chronic back pain and is a "surgical candidate." Consult for psychological factor is supported by ACOEM Guidelines and it appears as though the patient needs this evaluation prior to his surgery. The patient does present with HNP at L3-4 with retrolisthesis. Given the patient's chronic back pain and continued complaints, the requested psychological evaluation is medically necessary.