

<b>Case Number:</b>	CM15-0109632		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	03/12/2003
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	04/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 77 year old male, who sustained an industrial injury on 3/12/03. The injured worker was diagnosed as having lumbar laminectomy syndrome, erectile dysfunction, medication induced gastritis and sleep disorder. Treatment to date has included physical therapy, lumbar fusion in 2010, multiple lumbar epidural steroid injections, oral medication including Celebrex and activity restrictions. Currently, the injured worker complains of severe and debilitating low back pain, he is unable to sleep due to the pain. Physical therapy helped with function. Urine drug testing was consistent with medications prescribed. He is currently temporarily totally disabled. Physical exam noted significant tenderness to palpation bilaterally with severe muscle rigidity of lumbar spine; numerous trigger points throughout lumbar paraspinal muscles and profound loss of range of motion. The treatment plan included request for authorization for Botox injections, refilling of Prilosec, Ultracet, Valium, Celebrex, Lidoderm patch and LidoPro topical analgesic, psych evaluation and evaluation regarding dizziness for hypertension.

### 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 Chronic Pain Treatment Guidelines.

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

**Decision rationale:** Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The interpretations of the evaluation should provide clinicians with a better understanding of the patient in their social environment, thus allowing for more effective rehabilitation. I am reversing the previous utilization decision. Psychological Evaluation is medically necessary.

**Referral for Consultation for Hypertension:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7, Independent Medical Examinations and Consultations, Page 132.

**Decision rationale:** According to the MTUS, a referral request should specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, workability, clinical management, and treatment options. The medical record lacks sufficient documentation and does not support a referral request. Referral for Consultation for Hypertension is not medically necessary.