

Case Number:	CM15-0132021		
Date Assigned:	07/20/2015	Date of Injury:	07/03/2014
Decision Date:	08/14/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/08/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 46-year-old male sustained an industrial injury to the neck and low back on 7/3/14. During initial evaluation in urgent care, the injured worker had a grand mal seizure and was initiated on anti-seizure medications. The injured worker's driver's license was suspended. Magnetic resonance imaging showed a fracture at T12-L1. The injured worker later developed foot drop. Additional treatment consisted of physical therapy, bracing and medications. In a PR-2 dated 6/5/15, the injured worker complained of ongoing low back pain with radiation to the left lateral hip. The injured needed a cane for ambulation. Physical exam was remarkable for mild tenderness to palpation over the paraspinal process at the thoracolumbar junction with good strength bilateral lower extremities, difficulty with left hip flexion and left knee extension and left foot drop. The injured worker's muscle strength gave way after a short period of time. The injured worker walked with an antalgic gait, dragging his left leg with ambulation. The physician noted that the injured worker was having significant feelings of depression. Current diagnoses included T12 and L1 compression fractures and left lower extremity weakness. The physician noted that the injured worker did have lesions on the brain and was continuing to take anti-seizure medications. The physician was unable to explain his left lower extremity weakness. The treatment plan included a psychology referral with six visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with psychologist for 6 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 101-103.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations, p100-101 Page(s): 100-101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)-Psychological treatment.

Decision rationale: The claimant sustained a work-related injury in July 2014 with neck and low back pain. He has a history of a seizure and has left lower extremity weakness and T12 and L1 compression fractures. He is also being treated for depression. When this request was made, he was having low back pain radiating to the left hip. He was using a cane. He had completed physical therapy. There was a pending neurology second opinion. Physical examination findings included decreased lumbar range of motion with mild tenderness. There was decreased left lower extremity strength with a left foot drop. A psychology referral and 6 treatments was requested. Psychological evaluations are generally accepted; well-established diagnostic procedures used in pain problems and should determine if further psychosocial interventions are indicated. In this case, an evaluation was medically necessary. However, psychological treatment is only recommended for appropriately identified patients. Requesting treatments at the same time as the evaluation is not appropriate and cannot be considered medically necessary.