

Case Number:	CM15-0180211		
Date Assigned:	09/22/2015	Date of Injury:	07/18/1989
Decision Date:	12/07/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/14/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 70 year old man sustained an industrial injury on 7-18-1989. Diagnoses include degenerative disc disease and facet spondylosis with disc protrusion and stenosis with discogenic disease of the lumbar spine, and anxiety. Treatment has included oral and topical medications. Physician notes on a PR-2 dated 9-2-2015 show complaints of low back pain with bilateral leg symptoms including numbness. The physical examination shows restricted range of motion of the lumbar spine noted to be flexion 30 degrees, extension 5degrees, rotation 30 degrees, and bilateral bending 15 degrees. Moderate tenderness is noted tot eh lumbosacral joint and minimal tenderness in the paraspinal muscles and sacroiliac joints. Bilateral lower extremity reflexes are absent at the ankles and knees, motor strength testing and neurological status are intact. Straight leg raise is positive at 70 degrees bilaterally supine. Recommendations include lumbar spine surgery, psychiatric clearance, elastic lumbosacral corset, Norco, Restoril, Xanax, Prilosec, Mobic, Biofreeze Gel, and follow up in seven weeks. Utilization Review denied requests for psychiatric evaluation for psychiatric clearance to undergo lumbar surgery on 9-14-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Psychiatric Evaluation for Psychiatric clearance to undergo lumbar surgery as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pre-operative clearance.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG recommends pre-operative clearance for risk stratification and post-surgical management. The type of clearance depends on type of surgery and the patient's co-morbid conditions. The patient has no listed psychiatric disorders and psychiatric clearance for lumbar surgery is not routine. Therefore the request is not medically necessary.