

Case Number:	CM15-0188067		
Date Assigned:	09/30/2015	Date of Injury:	10/04/2012
Decision Date:	11/09/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/24/2015

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: Psychologist

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 52 year old male, who sustained an industrial injury on 10-4-12. The documentation on 7-29-15 noted that the injured worker has complaints of chronic pain that interferes with his activities of daily living. The injured worker has had a significant loss of ability to function independently rating it at 7 out of 10. The injured worker has decreased low back painful range of motion. The diagnoses have included chronic pain syndrome lumbar sprain and strain with bilateral radicular symptoms; lumbar degenerative disc disease and diabetes and probable diabetic peripheral neuropathy, hypertension and hypercholesterolemia. Treatment to date has included cognitive behavioral therapy; physical therapy; chiropractic and medication management. The original utilization review (9-14-15) non-certified the request for psych clearance prior to authorizing the requested anterior L4-S1 lumbar fusion, quantity 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych clearance prior to authorizing the requested anterior L4-S1 lumbar fusion, QTY: 1:
Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, Psychological evaluations, Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators).

Decision rationale: According to the MTUS psychological evaluations are generally accepted, well-established diagnostic procedures not only with selective use in pain problems, but with more widespread use in chronic pain populations. Diagnostic evaluation should distinguish between conditions that are pre-existing, aggravated by the current injury or work-related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. According to the official disability guidelines: psychometrics are very important in the evaluation of chronic complex pain problems, but there are some caveats. Not every patient with chronic pain needs to have a psychometric exam. Only those with complex or confounding issues. Evaluation by a psychologist is often very useful and sometimes detrimental depending on the psychologist and the patient. Careful selection is needed. Psychometrics can be part of the physical examination, but in many instances this requires more time than it may be allocated to the examination. Also it should not be bundled into the payment but rather be reimbursed separately. There are many psychometric tests with many different purposes. There is no single test that can measure all the variables. Hence a battery from which the appropriate test can be selected is useful. Decision: A request was made for psych clearance prior to authorizing the requested anterior L4-S1 lumbar fusion; The request was not certified by utilization review which provided the following rationale: "The clinical documentation including imaging reports and exam findings provided does not support that this claimant has met criteria for the proposed two level fusion due to segment collapse or excessive instability to support proceeding with psychological clearance prior to and anticipated two level anterior fusion. The medical necessity the request is not established non-certification is recommended." This IMR will address a request to overturn the utilization review decision. Although the industrial guidelines to support the use of psychological clearance prior to certain surgical interventions, in this case the surgical intervention in question has not been authorized. The question of whether or not the surgical intervention is medically necessary is not a part of this request. The issue at hand is whether a psychological clearance in the form of a psychological evaluation should be conducted in anticipation of the surgery. At this juncture, because the surgery has not been authorized the psychological evaluation would be premature. The outcome of the psychological evaluation would not impact the decision to have the surgery in the positive direction, in other words psychological evaluation would only likely determine the patient's mental fitness to undergo such a procedure but would not be sufficient to overturn the medical finding of the necessity for that procedure. Because the surgical procedure has not been authorized this request appears to be premature pending that authorization. If authorized, this request would be appropriate and medically reasonable, however in the absence of said authorization medical necessity the request is not established and therefore the utilization review decision is upheld.