

<b>Case Number:</b>	CM15-0205772		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	09/11/2000
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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: Arizona, Texas

Certification(s)/Specialty: Internal 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 56 year old female, who sustained an industrial injury on 9-11-00. The injured worker was being treated for L4-5 severe disc degeneration with segmental kyphosis, L5-S1 annular tear, bilateral S1 radiculopathy, status post L4-5 discectomy and facet arthropathy L4-5 and L5-S1. On 6-9-15, the injured worker complains of low back pain with radiation to buttocks and anterior-posterior thighs through shins, calves to dorsal feet and toes. She rates the pain 7 out of 10. Physical exam performed on 6-9-15 revealed marked palpable tenderness over the paraspinal left L4-5 and L5-S1 region and increased pain with range of motion. Treatment to date has included oral medications including steroids and Zanaflex, facet blocks (provided one week of improvement), physical therapy (with no clear documented objective-functional gains from prior sessions). The treatment plan included request for updated MRI of lumbar spine, psychological evaluation for surgical clearance and follow up appointment. On 10-15 request for psychological evaluation for surgical clearance was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with a psychologist for surgical clearance (lumbar): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations.

**Decision rationale:** According to the MTUS, psychological evaluations are recommended. 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. In this case the psychological evaluation is to specifically evaluate the patient for surgery. At the time of request the patient had not received an updated MRI and surgery was not definitively planned. The medical necessity for a psychological evaluation for surgery that has not been planned is not made. As such this request is not medically necessary.