

<b>Case Number:</b>	CM15-0046020		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	08/09/2010
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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: Physical Medicine & Rehabilitation

### 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 66 year old male who sustained an industrial injury on 08/09/10. Initial complaints and diagnoses are not available. Treatments to date include medications and lumbar laminectomy. Diagnostic studies include an EMG. Current complaints include pain and strength deficits and foot drop on the right side. In a progress note dated 02/02/15 the treating provider reports the plan of care as resubmission for unspecified surgery, repeat psychological evaluation, CT myelogram, and radiographs of the lumbar spine flexion and extension, as well as 3 foot standing scoliosis radiographs. The requested treatment is a psychological evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat Psych Evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127.

**Decision rationale:** This patient has a date of injury of 08/09/10 and low back pain with radiculopathy. The patient also suffers from mood disorder. The Request for Authorization is not provided in the medical file. The current request is for Repeat Psycho Evaluation. The American College of Occupational and Environmental Medicine, ACOEM, second edition 2004 chapter 7, page 127 states that "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss, and/or the examinees fitness for return to work." The treating physician states that the patient is a candidate for surgery and is requesting a repeat psych evaluation as "prior psycho eval showed concern that depression made him suboptimal condition for surgery." The physician does not discuss why a repeat evaluation is medically necessary. ACOEM supports referrals to other specialist when extremely complex issues are present with psychosococical factors. In this case, the treating physician has failed to provide a rationale as to why the patient requires a repeat evaluation. This request is not medically necessary.