

Case Number:	CM15-0080214		
Date Assigned:	05/01/2015	Date of Injury:	03/28/2012
Decision Date:	06/01/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/27/2015

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:

The injured worker (IW) is a 45-year-old male who sustained an industrial injury on 03/28/2012. Diagnoses include spinal stenosis of the lumbar region without neurogenic claudication. Treatment to date has included medications, injections, physical therapy, chiropractic treatment and acupuncture. Diagnostics included an MRI and electrophysiological testing. According to the progress notes dated 9/11/14, the IW reported continued lower back pain rated 8/10, with numbness and tingling going down to the big toe. The IW decided to undergo a lumbar laminectomy/fusion. A request was made for pre-surgical psychiatric clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Surgical Psychiatric Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The ACOEM chapter on low back complaints and surgery does recommend pre surgical psychiatric evaluation to improve outcomes. However, in this case the clinical

documentation and utilization review does not indicate that the surgery has been approved and therefore the request would not be warranted and is not medically necessary.