

Case Number:	CM14-0130470		
Date Assigned:	08/20/2014	Date of Injury:	03/22/2013
Decision Date:	09/19/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/15/2014

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. The expert reviewer is Board Certified in Psychology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records that were provided for this independent medical review, this patient is a 52-year-old male who reported an industrial/occupational injury on March 22, 2013 while he was engaged in his normal work duties and was lifting a trailer hitch. The patient is status post laminectomy and nerve root decompression. There are multilevel degenerative changes with disc bulging and facet arthropathy. He has had physical therapy and steroid injections. A report from his primary treating physician dated June 2014 provides a diagnosis of lumbar radiculopathy and status post laminotomy. The treatment plan includes medication trials, SNRB, possible spinal cord stimulator trial, a psych consultation for depression, and TENS unit. The patient reports grinding back pain with numbness and weakness that persists in his left foot and leg, and he complains of left knee pain, right shoulder pain. All of this has been attributed to a fall that he sustained and that he is improved since surgery but issues continue including spasm in his left thigh that radiates down the left leg and a crippling sensation in his low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych consult: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, Psychological evaluations Page(s): 100.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-101.

Decision rationale: In contrast to the utilization review, I found a clear statement that the indication for the use of a psychological evaluation is that the patient is depressed and there is a wish to address it in the primary treating physician's treatment plan. According to the MTUS treatment guidelines psychological evaluations are recommended psychological evaluations are generally accepted, well-established diagnostic procedures not only with selective use of pain homes, both more widespread use in chronic pain population diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury or are work-related. Furthermore they should determine if further psychosocial intervention is needed. In this case it appears that the patient is also being considered for a spinal cord stimulator in which case a psychological evaluation also address his suitability for that procedure. Although I agree with the utilization review finding that the overwhelming amount of support for this request, I did find sufficient and adequate documentation that would take in within the context of the patient's delayed recovery, and having already has surgical intervention, would appear to be a reasonable request. The finding of this independent review is to overturn the non-certification decision and to approve one psychological evaluation. It is suggested that in the future if this request is made that the term "psych consult" be replaced with the term "psychological evaluation" to better and more easily distinguish it from a psychiatric consultation.