

Case Number:	CM14-0152775		
Date Assigned:	09/23/2014	Date of Injury:	01/29/2014
Decision Date:	10/29/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/18/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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:

The injured worker is a 32-year-old male who reported an injury on January 29, 2014 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to his low back. The injured worker's treatment history included physical therapy, multiple medications, and facet injections. The injured worker was evaluated on August 6, 2014. The injured worker's medications were noted to be ibuprofen and tramadol. It was noted that the injured worker had undergone an MRI of the lumbar spine in February of 2014 that documented a left paracentral disc bulge causing mild left lateral recess stenosis and severe right and mild left facet arthrosis at that level. It was documented that the injured worker had undergone electrodiagnostic tests on July 10, 2014 that documented there was evidence of chronic left L5-S1 and bilateral radiculopathy. The injured worker's diagnoses included lumbosacral strain/sprain and lumbar herniated disc without myelopathy. The injured worker's physical presentation was not evaluated. The injured worker's treatment plan included a spine consultation due to failure to respond to conservative treatment and a psychological evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal surgery consult: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

Decision rationale: The American College of Occupational and Environmental Medicine does recommend a surgical consultation for patients who have exhausted all conservative treatments and are a surgical candidate. The clinical documentation submitted for review does indicate that on 09/19/2014 the treating provider indicated that he had no further management to offer the patient and any additional treatment would be outside his scope of practice. Therefore, a spinal surgical consult would be indicated in this clinical situation. As such, the request for a spinal surgery consult is medically necessary and appropriate.

Psychiatric consult: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Psychological evaluation, Page(s): page(s) 101.

Decision rationale: The California Medical Treatment Utilization Schedule recommends psychiatric consultations for patients who are at risk for delayed recovery that may have deficits in coping mechanisms with chronic pain. The clinical documentation submitted for review does indicated that the injured worker has had chronic pain for over seven months that has failed to respond to conservative treatment. Therefore, a psychiatric evaluation would be supported in this clinical situation. As such, the request for a psychiatric consult is medically necessary and appropriate.