

Case Number:	CM14-0213650		
Date Assigned:	12/31/2014	Date of Injury:	11/30/2009
Decision Date:	02/27/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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: Emergency 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:

Patient with reported date of injury on 11/30/2009. Mechanism of injury is described as a lifting injury to back. Patient had a diagnosis of cauda equina post L2-3 decompression back surgery in 8/29/12 and lumbago. Medical reports reviewed. Last report available until 11/26/14. Patient has low back pain radiating to legs. Reportedly worsened after "being tackled at [REDACTED]". Pain is worsening despite increasing doses of opioids. Patient is reportedly very depressed and frustrated at pain. Objective exam reviewed but is not directly relevant to this review except for documentation of pain behavior and difficulty coping. MRI of lumbar spine (4/16/14) revealed prior laminectomy, congenital spinal stenosis at L3-4 from short pedicles; diffuse 1-4mm diffuse disc bulge from L2-S1 with narrowing of central canal most prominently at L2-3. Extruded 5x9x12mm R central disc fragment compressing thecal sac. Diffuse ligamentum and facet joint hypertrophy. Medications include Norco, Oxycontin, Percocet and Valium. Independent Medical Review is for "electronic psych testing". Prior Utilization Review on 12/8/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electronic psych testing x 1: 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 Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23-24.

Decision rationale: As per MTUS Chronic pain guidelines, psychological interventions are recommended to aid in coping and treatment of chronic pain. However, a basic interview based psychiatric testing should be first line and should be sufficient in the vast majority of cases. There is no rationale or justification documented for any special psychiatric testing such as "electronic psych testing". It is not medically necessary.