

Case Number:	CM14-0032320		
Date Assigned:	06/20/2014	Date of Injury:	12/08/2011
Decision Date:	02/25/2015	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/13/2014

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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

CLINICAL CASE SUMMARY

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

Records reviewed include 82 pages of medical and administrative records. The injured worker is a 47 year old male whose date of injury is 12/08/2011, while turning a heavy pallet he felt a pull in his lumbar spine. He was given a back brace, treated with pain medications, and had physical therapy. In a comprehensive orthopedic report of 12/19/13 the patient complained of anxiety, depression and insomnia related to pain, along with headaches and weight loss. He experienced difficulty with activities of daily living, concentration and remembering. The patient was diagnosed with lumbar herniation 4-5, L5-S1 with bilateral radiculopathy, right ankle sprain/strain, open reduction internal fixation with retained hardware (1990's) diabetes, multiple trauma in 1990 with fracture of the right ankle, left forearm, right and left hand and wrist, psoriasis, and insomnia. Psychiatric clearance was requested for a discogram (which is diagnostic in nature) at levels L3-L4, L4-L5, and L5-S1 to isolate the source of pain for possible posterior lumbar interbody fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric clearance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100 and 101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100 and 101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Discography.

Decision rationale: Discography was recommended as part of evaluation for potential surgical intervention for the patient's lower back pain. However, per ODG a recent high quality study on discography have significantly questioned the use of its results as a preoperative indication and has suggested that it is of limited diagnostic value. ODG does not recommend discography. Therefore, psychiatric clearance is unnecessary and is not medically necessary.