MAXIMUS Federal Services

Case Number:	CM15-0012516		
Date Assigned:	01/30/2015	Date of Injury:	11/16/2011
Decision Date:	03/18/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/21/2015

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: California
Certification(s)/Specialty: Psychologist

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 54- year old male, who sustained an industrial injury on November 16, 2011. The diagnoses have included low back pain, lumbar disc protrusion, and lumbar radiculopathy, displacement of the thoracic/lumbar intervertebral disc without myelopathy, lumbar degenerative disc disease and lumbar myospasms. Treatment to date has included physical therapy with a home exercise program, pain medication to include topical application, a lumbar brace, an orthopedic consultation and regular monitoring. Currently, the Injured Worker complains of continuing low back and left leg pain. Pain was rated an eight on a scale of ten without medication and a two to three with the use of medication. Physical exam was remarkable for decreased range of motion of the lumbar spine, diminished sensation to light touch in the L5-S1 nerve root distribution, tenderness to the paravertebral muscles of the lumbar spine, straight leg raises and femoral stretch testing was positive. The worker uses a cane for ambulation and ambulation was slow and antalgic.On December 26, 2014, the Utilization Review decision non-certified a request for a psychological consultation for psychological clearance prior to lumbar fusion, noting that the request is allowable prior to a surgical procedure however at the time of the request there was not a request for a surgical procedure. The ODG was cited. On January 5, 2015, the injured worker submitted an application for IMR for review of psychological consultation for psychological clearance prior to lumbar fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric consultation for psychological clearance prior to lumbar fusion: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two: Behavioral Interventions, Psychological Evaluation. Page(s): Pages 100 -101.

Decision rationale: Citation: According to the MTUS psychological evaluations are generally accepted, well-established diagnostic procedures not only with selective use in pain problems, but with more widespread use in chronic pain populations. Diagnostic evaluation should distinguish between conditions that are pre-existing, aggravated by the current injury or work-related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. According to the official disability guidelines: psychometrics are very important in the evaluation of chronic complex pain problems, but there are some caveats. Not every patient with chronic pain needs to have a psychometric exam. Only those with complex or confounding issues. Evaluation by a psychologist is often very useful and sometimes detrimental depending on the psychologist and the patient. Careful selection is needed. Psychometrics can be part of the physical examination, but in many instances this requires more time than it may be allocated to the examination. The request for a presurgical psychological evaluation/clearance appears to be appropriate and medically reasonable based on the documentation provided. The patient is being considered for a lumbar spine fusion surgery and the reason why utilization review declined the request for a psyche evaluation was that there was not an active surgical authorization at the time of the request. The medical records do indicate that the patient is under consideration for the surgical procedure and the MTUS does make an allowance for the use of psychological evaluations. Because the medical necessity of the request to his established the utilization review determination is overturned.