MAXIMUS Federal Services

Case Number:	CM15-0015228		
Date Assigned:	01/30/2015	Date of Injury:	11/16/2007
Decision Date:	03/20/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/27/2015

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: Physical Medicine & Rehabilitation

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 42 year old male, who sustained a work related injury on 11/17/07. The diagnoses have included lumbar spine disorder, lumbar radiculopathy, failed back surgery syndrome, anxiety/depression and lumbar disc disorder. Treatments to date have included MRI lumbar spine, EMG/NCS study, x-rays lumbosacral spine, and home exercise program. In the PR-2 dated 12/8/14, the injured worker complains of continued low back pain with pain, numbness and tingling down into the left leg. He states that pain medication is helping his pain. There is tenderness to palpation of lower back. On 1/15/15, Utilization Review non-certified a request for a Psychologist/Psychiatrist evaluation. The California MTUS, ACOEM Guidelines, were cited. On 1/15/15, Utilization Review modified requests for inpatient stay of 1-2 days to inpatient stay 1 day and 24 post-op physical therapy visits to 12 post-op physical therapy visits. The California MTUS, Chronic Pain Treatment Guidelines, Post-Surgical Treatment Guidelines and ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient stay of 1-2 day: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Length of Stay

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back, Hospital Length of Stay (LOS), pages 436-437

Decision rationale: Review indicates the lumbar laminectomy was authorized with modification for 1 day inpatient hospital stay consistent with Guidelines. Submitted reports have not demonstrated extenuating circumstances, comorbid disorders, or post-operative complications to extend the hospital stay beyond Guidelines criteria. The Inpatient stay of 1-2 day is not medically necessary and appropriate.

Psychologist/Psychiatrist Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation Official Disability Guidelines- Psychological screening

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): Chapter 15, Stress-related Conditions, Management of Medical Conditions page 387-405.

Decision rationale: Guidelines states that it recognizes that the primary care physician and other non-psychological specialists commonly deal with and try to treat psychiatric conditions. It is recommended that serious conditions such as severe depression and schizophrenia be referred to a specialist; however, this has not been demonstrated here. Submitted reports from the provider has not adequately demonstrated the patient's current psychological status nor what functional response or treatment plan has been attained from previous extensive psychological assessment. The patient has unchanged pain symptoms and clinical findings for this chronic injury without specific acute psychological deficits to establish necessity for presurgical psychological evaluation. The Psychologist/Psychiatrist Evaluation is not medically necessary and appropriate.

24 post-op Physical Therapy for the Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Low Back-Lumbar & Thoracic Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Intervertebral disc disorders without myelopathy (ICD9 722.1; 722.2; 722.5; 722.6; 722.8): Posts.

Decision rationale: The Chronic Pain Guidelines, post-operative therapy allow for 16 visits over 8 weeks for Lumbar laminectomy surgery over a postsurgical physical medicine treatment period of 6 months. Submitted reports have not adequately demonstrated the indication to support

further physical therapy beyond the guidelines criteria without indication of acute new injury, post-operative complications, or limitations in ADLs. The patient's surgery included lumbar laminectomy with modified post-operative sessions for an initial 12 visits. Initial treatment trial allows for reassessment of functional benefit prior to further consideration. Submitted reports have not identified indication of extenuating circumstances, cormibid disorders, or post-op complications beyond guidelines criteria. The 24 post-op Physical Therapy for the Lumbar Spine is not medically necessary and appropriate.