

Case Number:	CM15-0179887		
Date Assigned:	09/21/2015	Date of Injury:	08/24/2009
Decision Date:	10/28/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/14/2015

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, 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:

The injured worker is a 39 year old male who sustained an industrial injury on 08/29/2009. He suffers from abdominal pain secondary to prescribed medications, headaches, lumbosacral sprain with radicular symptoms, L3-4 disc herniation, and L4-5 moderate central stenosis. He rates his low back pain at 7/10. The physical exam reveals "limited range of motion of the lumbar spine with pain." Treatment has included decompression and fusion L3-5, microdiscectomy at L3-4 and L 4-5, and previous microdiscectomy. A psychiatric consultation has been approved to determine if the patient is a good candidate for a dorsal column stimulator. A PR2 of 09/03/2015 shows that the patient has a psychiatric consultation scheduled for 09/08/2015. He reported that his radicular symptoms had improved since he increased exercising and decreased bending and stooping. Repetitive motions for extended periods of time increased his back pain. He was taking Norco Q4-6 hours prn. The original UR of 09/04/2015 noncertified the request for an initial complex psychiatric and psyche evaluation, and the MMPI, WAIS-V Digit span, WAIS-V Arith, BECK Balt Epworth.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial complex psychiatric and psyche evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators).

Decision rationale: Per MTUS psychological evaluation is recommended prior to spinal cord stimulator trial. In this evaluation a battery of psychological assessment tests are administered whose interpretation provides clinicians with a better understanding of the patient, allowing for more effective rehab and potentially predicting who is likely to develop chronic pain or disability. This is considered medically necessary. However, this service has already been certified. Records provided for review do not show that the patient has received this evaluation to date. This request is not medically necessary.

MMPI, WAIS-V Digit Span, WAIS-V Arith, BECKS Balt (4) Epworth: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Mental Illness and Stress Procedure summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators).

Decision rationale: The MMPI and Beck are part of the battery of psychological tests administered within a psychological evaluation. The Epworth Sleepiness Scale is a self administered questionnaire measuring a person's general level of daytime sleepiness to assess general sleep/wake health status. The WAIS-IV are tests designed to assess a person's level of cognitive functioning. There were no complaints or symptoms of sleep disturbance or cognitive impairment in documentation provided. This request is not medically necessary.