

Case Number:	CM15-0026295		
Date Assigned:	02/18/2015	Date of Injury:	11/27/1996
Decision Date:	04/03/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/11/2015

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, Arizona, Maryland
Certification(s)/Specialty: 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 year old male injured worker suffered and industrial injury on 11/27/1996. The diagnoses were severe facet arthropathy, spondylosis, spinal cord stimulator insertion and subsequent removal, lumbar stenosis lumbar radiculopathy, and lumbar disc degeneration. The diagnostic studies were lumbar magnetic resonance imaging. The treatments were surgical interventions, and medications. The treating provider reported the injured worker is anticipating lumbar fusion. The injured worker reported low back pain, buttock pain with radiation down the left extremity along with numbness, rating the pain from 2 to 10/10. The Utilization Review Determination on 1/28/2015 non-certified Psych Evaluation to Clear Claimant for Surgery, citing MTUS, ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych Evaluation to Clear Claimant for Surgery: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101. Decision based on Non-MTUS Citation ACOEM ,Independent Medical Examination and consultation chapter 7 ,page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

Decision rationale: ACOEM guidelines page 398 states: "Specialty referral may be necessary when patients have significant psychopathology or serious medical co morbidities" Upon review of the submitted documentation, it is indicated that the injured worker suffers from severe facet arthropathy, spondylosis, spinal cord stimulator insertion and subsequent removal, lumbar stenosis lumbar radiculopathy, and lumbar disc degeneration and needs to undergo repeat surgery. The request for a Psych Evaluation to Clear Claimant for Surgery is medically necessary to assess mental status for the ability to Psychological handle surgical treatment.