

<b>Case Number:</b>	CM15-0078702		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	01/06/2009
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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, North Carolina  
Certification(s)/Specialty: Family Practice

### 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 41 year old male who sustained an industrial injury on 01/06/07. Initial complaints and diagnoses are not available. Treatments to date include medications and back surgery. Diagnostic studies are not addressed. Current complaints include low back pain radiating to the left leg. Current diagnoses include migraine, asthma, chronic pain, lumbago, lumbosacral neuritis. In a progress note dated 02/13/15 the treating provider reports the plan of care as medications including Norco, gabapentin, meloxicam, cyclobenzaprine, and Sumatriptan, as well as home exercise program, and psychological and spine surgical evaluations. The requested treatments include psychological and spine surgical evaluations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spine surgical evaluation:** 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, Surgery; ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, pg 127.

**Decision rationale:** CA MTUS/ACOEM Guidelines support Independent Medical Examiner evaluations and consultations. In this case the request is for a spine surgery consultation. An orthopedic IME in 2013 found that the patient was not a candidate for further surgical intervention. In the interim, there have been no red flag conditions, no progressive neurologic impairment and no instability issues with his previous lumbar surgery. Therefore, this request is not medically necessary or appropriate.

**Psychological evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluation and Treatment. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations page 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

**Decision rationale:** The CA MTUS supports psychological evaluations in patients with chronic pain. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by current injury or work related. In this case the patient had a psychological evaluation authorized in 2014, however the report is not available. The patient has a past history of mental health treatment, which may be ongoing. His psychological problems are noted to be long-standing and there is no indication he is unstable. No rationale is given for a new psychological evaluation, therefore the request is deemed not medically necessary or appropriate.