

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
P.O. Box 138009
Sacramento, CA 95813-8009
(855) 865-8873 Fax: (916) 605-4270



Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/24/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/19/2013
Date of Injury: 1/25/1984
IMR Application Received: 8/7/2013
MAXIMUS Case Number: CM13-0008080

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: OVERTURN. This means we decided that all of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychiatry, has a subspecialty in Child & Adolescent Psychiatry and is licensed to practice in California. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The employee is a 67-year-old male who reported an injury on 01/25/1985. The employee has been previously recommended for a lumbar fusion. The employee has magnetic resonance imaging (MRI) evidence of scoliosis with multilevel degenerative disc disease and foraminal stenosis. The employee also has computed tomography (CT) myelogram findings of dextroscoliosis and severe spondylosis from L1-5. The employee is noted to have a history of low back pain radiating to the lower extremities with ability to only walk short distances. A request for surgery on 06/20/2013 was denied due to lack of psychological evaluation. A request for psychological evaluation for lumbar surgery was denied on 07/19/2013 due to lack of physical exam findings and instability. The employee is noted to have a diagnosis of scoliosis and severe lumbar spinal stenosis. Current plan is psychological evaluation/consultation followed by lumbar spine surgery L1-S1.

IMR DECISION(S) AND RATIONALE(S)

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

1. Psychosocial evaluation and consultation for lumbar surgery is medically necessary and appropriate.

The Claims Administrator based its decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) pg 305-306, which is part of the MTUS, and the Chronic Pain Medical Treatment Guidelines, Section Psychological evaluations, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) pg 305, which is part of the MTUS, and the

Chronic Pain Medical Treatment Guidelines, Section Psychological evaluations, pgs 100-101, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The MTUS/ACOEM Guidelines indicate, "Before referral for surgery, clinicians should consider referral for psychological screening to improve surgical outcomes." The guidelines recommend psychological evaluations prior to surgical intervention. The Chronic Pain Guidelines indicate, "Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations." The guidelines also indicate that psychological evaluations are generally accepted. The documentation submitted for review indicates that the employee has been previously referred for a lumbar spine fusion procedure. The documentation also indicates that the treating provider recommended that the employee had a psychosocial evaluation. From a psychiatric perspective, the employee would benefit from the proposed psychological evaluation and consultation for lumbar surgery, as the previous request for surgery was denied from what appears to be solely due to lack of the proposed treatment. **The request for psychosocial evaluation and consultation for lumbar surgery is medically necessary and appropriate.**

/mg

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]
[REDACTED]
[REDACTED]

CM13-0008080