

Case Number:	CM13-0003045		
Date Assigned:	12/27/2013	Date of Injury:	09/01/2009
Decision Date:	01/15/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	07/24/2013

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 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

This case involves a 48 year old patient who was injured while carrying a box at a school in August 2007. The patient has had shoulder pain, and back pain for six years. An AME was performed on August 9, 2011 by [REDACTED]. As per the report, the patient was diagnosed with lumbar degenerative disc disease, small central disc herniation at L4-5 level, facet arthropathy with mild central canal stenosis, right shoulder impingement syndrome, history of depression and history of fibromyalgia. The patient has significant pain behavior, what appears to be drug addiction and psychological issues. Other parts of the medical record indicate no evidence of substance abuse. From an orthopedic perspective, the patient was considered having reached maximum medical improvement. An Agreed Medical Evaluator determined that a Spinal Cord Stimulator (SCS) trial was not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological evaluation for spinal cord stimulator: Upheld

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

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

Decision rationale: The patient has already had extensive psychiatric evaluation. Furthermore the AME did not recommend a spinal cord stimulator as part of future medical care. Although psychological evaluation is recommended for patients who would likely benefit from SCS, this patient was deemed by an objective trained AME to be unlikely to benefit significantly from SCS. Since the AME did not recommend SCS, there is no medical necessity for a psychological evaluation for SCS. The request for a psychological evaluation is not medically necessary and appropriate.