

Case Number:	CM13-0035961		
Date Assigned:	12/13/2013	Date of Injury:	07/17/2008
Decision Date:	02/28/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/18/2013

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 Physical Medicine and Rehabilitation 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:

The patient is a 46 year old female who reported a work related injury on 07/17/2008, specific mechanism of injury not stated. The patient presents for treatment of the following diagnoses: low back pain, discogenic pain, lumbar degenerative disc disease, lumbar radiculitis, lumbar postlaminectomy pain syndrome, chronic pain syndrome, and adjustment disorder with anxiety and depressed mood. The clinical note dated 09/23/2013 reports the patient was seen for an individual psychotherapy session. The provider documents the patient states increased pain to the lumbar spine which causes her to be irritable. The provider documents the patient struggles with pain and accompanying depression. The patient's primary care physician has suggested a neurostimulator. The patient reports injections are no longer helpful. The clinical note dated 12/10/2013 reports the patient was seen in clinic. The provider documents the patient utilizes Cymbalta, Ambien, baclofen, Lyrica, Gabapentin, Nexium, Zantac, and BuSpar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological clearance for spinal cord stimulator trial: Upheld

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

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

Decision rationale: The current request is not supported. The clinical documentation submitted for review evidences the patient continues to present with moderate complaints of lumbar spine pain status post a work related injury sustained in 2008. The clinical notes document the patient continues to utilize lower levels of conservative treatment to include injection therapy, which the clinical notes documented resolved 50% of the patient's lumbar spine pain, as well as acupuncture and other active treatment modalities. California MTUS indicates that psychological evaluations are recommended prior to pre-intrathecal drug delivery systems and spinal cord stimulator trials. However, as the clinical notes evidence the patient continues to utilize lower levels of conservative treatment which are proving to be effective for the patient's pain complaints, there is a lack of documentation indicating the patient is a candidate for a spinal cord stimulator at this point in her treatment. Therefore, the request for Psychological clearance for spinal cord stimulator trial is not medically necessary or appropriate.