

Case Number:	CM13-0037402		
Date Assigned:	12/13/2013	Date of Injury:	07/19/1999
Decision Date:	02/03/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/30/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 49-year-old male who reported injury on 07/19/1999. The patient was noted to have increased pain with radiculopathy in the lower back. It was noted there was a request for a consultation by [REDACTED] to evaluate the patient before IT Dilaudid pump trial and additionally, there was a request for inpatient detox program to minimize opioid doses and potential hyperalgesia. The patients' diagnoses were noted to be degenerative disc disease in the lumbar region, lumbar radiculopathy, and sprain/strain lumbosacral, as well as failed back surgery syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 consultation with pain management psychologist ([REDACTED]) for evaluation prior to intrathecal (IT) Dilaudid pump trial as outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Psychological Evaluations Page(s): 101.

Decision rationale: California MTUS Guidelines indicate that a psychological evaluation is necessary prior to an intrathecal drug delivery system. Clinical documentation failed to indicate

it the patient had been cleared for the intrathecal drug delivery system. It failed to provide clarification as per the physician, the request was to be for 4 visits and per the submitted request, and the request was for one visit. Additionally, the request for 4 visits would be excessive. Given the above, the request for 1 consultation with pain management psychologist, [REDACTED], for evaluation prior to IT Dilaudid pump trial as outpatient is not medically necessary.