

<b>Case Number:</b>	CM13-0041051		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	05/29/2009
<b>Decision Date:</b>	03/17/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 52-year-old male who reported an injury on 05/29/2009 after he developed low back pain while performing normal job duties. The patient ultimately underwent an L1-2 laminectomy and microdiscectomy on 01/19/2012 with an additional discectomy on 01/23/2012. The patient's most recent clinical examination findings indicate that the patient has persistent lumbar spine pain radiating into the bilateral lower extremities rated at a 7/10. The patient's diagnoses included L1-2 and L2-3 moderate lumbar stenosis, left shoulder impingement, depression, left shoulder acromioclavicular joint arthritis, and bilateral hip degenerative joint disease. It was noted that the patient was scheduled for left shoulder surgery in 10/2013. The patient's treatment recommendations included cognitive behavioral therapy, continuation of pain management, and surgical intervention for the left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neuro-Psych evaluation Pre-SCS trial:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator.

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

**Decision rationale:** The requested neuro-psych evaluation for a spinal cord stimulator trial is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does recommend a neuropsychological evaluation prior to a spinal cord stimulator trial. However, the clinical documentation submitted for review does provide evidence that the patient has previously been evaluated for psychological treatment. That evaluation was not provided for review. Additionally, the clinical documentation includes a treatment recommendation for cognitive behavioral therapy. The outcome of that therapy would need to be determined prior to consideration of a spinal cord stimulator trial. As such, the requested neuro-psych evaluation for a pre spinal cord stimulator trial is not medically necessary or appropriate.