

Case Number:	CM13-0042630		
Date Assigned:	12/27/2013	Date of Injury:	09/04/2012
Decision Date:	02/24/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/31/2013

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 Management, 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 is a female patient with a date of injury of 9/4/12. A utilization review determination dated 10/10/13 recommends non-certification of a psychiatric evaluation for spinal cord stimulator trial. A progress report dated 9/23/13 identifies subjective complaints including low back pain and bilateral lower extremity radiculopathy with 8/10 pain radiating down both legs with numbness and tingling in the L5-S1 dermatomal distribution with bilateral knee weakness. Objective examination findings identify a slow antalgic gait with full strength in both lower extremities with intact sensation. She has a positive straight leg raise bilaterally with mild edema to bilateral lower extremities. Patient Health Questionnaire (PHQ)-9 score is 24/27 indicating severe depression. Diagnoses include L2-3, L3-4, L4-5, L5-S1 disc protrusions with annular tears at L3-4, L4-5; mild to moderate degenerative disc disease, worse at L5-S1; lumbar facet syndrome; reactive depression; obesity; bilateral lower extremity venous insufficiency. The Treatment plan recommends a psych evaluation with [REDACTED] for authorization for the spinal cord stimulator trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric evaluation for a spine cord stimulator trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Spinal cord stimulator Page(s): 105-107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101 and 105-107.

Decision rationale: Regarding the request for psychiatric evaluation for a spinal cord stimulator trial, the California MTUS does support psychological evaluation prior to the use of spinal cord stimulation (SCS) trial. However, SCS is supported only for specific indications: Failed back syndrome (persistent pain in patients who have undergone at least one previous back operation); Complex Regional Pain Syndrome (CRPS)/Reflex sympathetic dystrophy (RSD); Post amputation pain (phantom limb pain); Post herpetic neuralgia; Spinal cord injury dysesthesias (pain in lower extremities associated with spinal cord injury); Pain associated with multiple sclerosis; and Peripheral vascular disease (insufficient blood flow to the lower extremity, causing pain and placing it at risk for amputation). Within the documentation available for review, it appears that the trial is being recommended for the patient's radicular pain, but there is no documentation of a failed back surgery or another indication for spinal cord stimulation supported by the California MTUS such that a psychiatric/psychological clearance would be needed. In the absence of such documentation, the currently requested psychiatric evaluation for a spinal cord stimulator trial is not medically necessary.