

<b>Case Number:</b>	CM13-0047517		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/17/2006
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Licensed in Psychology 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 expert 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 claimant is a 61 year-old male (DOB 1/1/53) with a date of injury of 1/17/06. The claimant sustained injury to his bilateral elbows, right wrist, left shoulder blade, back, and neck when he struck his head in a fall while working for [REDACTED].  
[REDACTED] In his "Visit Note" dated 11/22/13, [REDACTED] diagnosed the claimant with: (1) Lumbago; (2) Sciatica; (3) Facet syndrome; (4) Electric prescribing enabled; and (5) Drug dependence not otherwise specified (NOS).

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **OUTPATIENT PSYCHOLOGICAL EVALUATION FOR CLEARANCE ON SPINAL CORD STIMULATOR (SCS) TRIAL: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulator).

**Decision rationale:** The CA MTUS guideline regarding the use of psychological evaluations will be used as reference for this case. Based on the review of the medical records, it has been recommended that the claimant begin a spinal cord stimulator trial in order to manage and reduce

his back pain. A psychological evaluation prior to the spinal cord stimulator placement is not only beneficial, but also recommended by the CA MTUS. As a result, the request for "outpatient psychological evaluation for clearance on spinal cord stimulator (SCS) trial" is medically necessary. It is noted in the "Notice of Utilization Review Findings" dated 10/22/13, that the claimant did receive authorization for a psychological evaluation in response to this request.

**SIX (6) OUTPATIENT MONTHLY FOLLOW UP VISITS TO ASSESS MEDICATIONS:**  
Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7: Independent Medical Consultations and Examinations

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulator).

**Decision rationale:** The CA MTUS does not address the use of office visits for medication management therefore, the Official Disability Guideline regarding the use of office visits will be used as reference for this case. Based on the review of the medical records, the claimant is on numerous medications, many of which require consistent monitoring. In his "Visit Note" dated 11/22/13, [REDACTED] notes that the claimant is on the following 14 medications: Gralise, MS Contin, Aspirin, Cellcept, Cozaar, Lantus, Norvasc, NovoLog, Paxil, Pravachol, Prograf, Protonix, Septra Suspension, and Tenormin. Based on the number of medications and the claimant's history of drug dependence, the request for "six (6) outpatient monthly follow up visits to assess medications" appears reasonable and therefore, medically necessary. It is noted that the claimant did receive a modified authorization of three medication management visits in response to this request.