MAXIMUS Federal Services

Case Number:	CM13-0067989		
Date Assigned:	01/03/2014	Date of Injury:	10/22/1999
Decision Date:	08/07/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/18/2013

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 Certified in Psychiatry & Neurology, Addiction Medicine, has a subspecialty in Geriatric Psychiatry and is licensed to practice in California and 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 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 records reviewed include 140 pages of medical and administrative records. The injured worker is a 46 year old female whose date of injury is 10/22/1999. In 2000 she underwent lumbar fusion L4-S1, and in 12/11 she underwent lumbar rhizotomy. She was treated with Norco, Percocet, Tramadol, and epidural steroid injections. The patient related that medications provide some pain relief however she experienced sedation with Percocet. Tramadol did not relief the pain as much as she would have liked and she did not want to return to Norco as it did not provide adequate relief. A medical report of 06/12/13 did not show neurologic deficits correlating to radiculopathy, nor was there a recent MRI to support this diagnosis, the last one being in 2011. A progress reports of 10/31/13 shows the patient's chief complaint as low back radiating to the right lower extremity. She reported 50% pain relief with past lumbar epidural steroid injections in 2011. She continued to do stretching that she learned in physical therapy. Spinal cord stimulator implantation was requested by both the physician and the patient. However, the patient's subjective report attests to pain radiating to the left lower extremity. The request for SCS was denied pending clarification of this information. However, in a report of 10/23/13 he noted the pain radiated to her left lower extremity. As all other reports document the right lower extremity, this may be a documentation error on the physicians part and should be clarified. In any case, the request for implantation of a spinal cord stimulator has been denied due to lack of clinical evidence and recent imaging to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOLOGICAL CLEARANCE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators).

Decision rationale: This patient had undergone surgeries, was treated with epidural steroid injections and narcotic pain medications. She achieved around 50% relief of pain with the epidural injections, and some relief with the medications. There were no physical therapy reports provided. The clinical picture provided and lack of recent MRI did not support the request for SCS and the last UR denied it. Therefore, there is no need for psychological clearance and this request is noncertified.MTUS does not address psychological clearance. Per ODG, recommended pre intrathecal drug delivery systems (IDDS) and spinal cord stimulator (SCS) trial. The existing behavioral literature provides considerable support, including psychological assessments and treatments, for patients undergoing spinal cord stimulators or implanted medication pumps. (Van Dorsten, 2006) The following is a list of patients who are especially recommended for psychological evaluation pre- trial (Doleys): (a) Those who present with constant pain and report high overall levels of distress; (b) Patients' who have a history of failure of conservative therapy; (c) Patients who have a history of failed surgery; (d) Patients who have significant psychological risk factors such as substance abuse, serious mood disorders, or serious personality disorders. Psychological predictors of success and/or failure of implantable treatment are still under research, and there is at least one study that has found psychological testing to be of modest value (although this was based on a cohort of patients that had been pre-screened by their surgeon). (North, 1996) However, the screening should be performed by a neutral independent psychologist or psychiatrist unaffiliated with treating physician/ spine surgeon to avoid bias.