

Case Number:	CM13-0072309		
Date Assigned:	01/08/2014	Date of Injury:	04/26/1998
Decision Date:	06/05/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/30/2013

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 Physical Medicine and Rehabilitation 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 injured worker is a 64 year old female who reported an injury on 04/26/1998 with an unknown mechanism. In the clinical note dated 07/03/2013, the injured worker was being seen for follow-up and refill of her intrathecal pump and her oral medications. It was documented in this clinical note that the injured worker was being followed for neuropathic and myofascial pain secondary to failed back surgery syndrome. Since her last visit on 05/29/2013, she was hospitalized for severe nerve pain in her left anterior thigh. While in the hospital, the injured worker's blood work revealed an infection. During the clinical visit it was noted that she had a peripheral inserted central catheter (PICC) line in her upper right extremity. A homecare nurse was visiting her at home assisting with this therapy. The injured worker stated that without the intrathecal pump she would be "bedridden". She also stated that her low back pain was chronic, but was managed with the settings on the intrathecal pump and those of her oral medications. The medications included Oxycontin, Dilaudid, Percocet, Dilantin, Cymbalta, Neurontin, and Abilify. On the physical exam it was noted that the range of motion was severely limited throughout her spine due to multilevel fusions which corrected her previous extreme kyphotic curvature. A refill procedure and reprogramming of the intrathecal pump was performed during the visit. It included a solution of Dilaudid 20mg/ml, Bupivacaine 7.5mg/ml, Clonidine 160mcg/ml and Baclofen 150mcg/ml. The treatment plan included multidisciplinary physicians, a discontinuation of Percocet and a future discussion of getting on a functional rehabilitation program in order to improve her coping and functioning and decrease her pain and necessity for oral and intrathecal opiates. Her prescriptions for Oxycontin and Dilaudid were refilled with no additional refills. In an addendum on 07/16/2013 her prescription for Dilantin was refilled with one refill; however, on 07/30/2013 the injured worker called and stated that she had started

Chinese herbs and she no longer had any of the left leg nerve pain. The prescription for Dilantin was to be tapered off. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHE EVALUATION/CLEARANCE FOR SPINAL CORD STIMULATION

PLACEMENT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations, Idds & Scs (Intrathecal Drug Delivery Systems & Spinal Cord Stimulators), page 101.

Decision rationale: The request for psychological evaluation/clearance for spinal cord stimulation placement is not medically necessary. The Chronic Pain Medical Treatment Guidelines state that a psychological evaluation/clearance for spinal cord stimulation and intrathecal drug delivery system is recommended. There was a lack of documentation indicating the injured worker had primarily radicular pain. However; in the clinical note, it was already documented that the injured worker already had an intrathecal drug delivery system in place. In the treatment/planning discussion aspect of the clinical note, it was documented that there was a plan in place to decrease her need for intrathecal opiates. It was not documented in this clinical note the need or want for a spinal cord stimulator, which would be excessive in the delivery of pain management. Therefore the request for a psychological evaluation/clearance for a spinal cord stimulation placement is not medically necessary.