

Case Number:	CM14-0010048		
Date Assigned:	02/21/2014	Date of Injury:	08/02/2010
Decision Date:	06/25/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/24/2014

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 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 patient is a 33 year-old male with a date of injury of 8/2/10. The patient sustained injury to his left ankle when he was struck in the left ankle by a heavy metal rod. According to the physician's 12/17/13 PR-2 report, the patient is diagnosed with: Pain in ankle/foot joint and Pain myalgia/myositis. The patient has been treated via physical therapy, injections, and medications without success and is now being recommended for a spinal cord stimulator trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOLOGICAL CONSULTATION FOR POSSIBLE LUMBAR SPINAL CORD STIMULATOR: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines , Psychological Evaluati.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines , Psychological Evaluations, Page(s): 100-101. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , PSYCHOLOGICAL EVALUATIONS, 100-101

Decision rationale: The CA MTUS guideline regarding the use of psychological evaluations prior to IDDS/SCS will be used as reference for this review. Based on the review of the medical

records, the patient has been struggling with chronic pain since his injury and has been recommended for a spinal cord stimulator trial. The CA MTUS definitely recommends a psychological evaluation prior to commencement of the spinal cord stimulator trial. As a result, the request for a "psychological consultation for possible lumbar spinal cord stimulator" is an appropriate request and thus, is medically necessary.