

Case Number:	CM14-0014322		
Date Assigned:	04/18/2014	Date of Injury:	04/11/2007
Decision Date:	08/19/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/04/2014

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 Psychiatry 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 43-year-old male who has submitted a claim for lumbago associated with an industrial injury date of April 11, 2007. Medical records from 2013 to 2014 were reviewed. The patient complained of low back pain rated 7/10, radiating down the right lower extremity. Physical examination showed an antalgic gait, more on the right side; pain on lumbar motion, more on extension than flexion; tenderness in the L5 and S1 musculature; and positive straight leg raise. Lower extremities were grossly normal without observable abnormality or asymmetry of temperature, color, contour, or size. The diagnoses were low back pain, lumbar and sacral osteoarthritis, sciatica, lumbar strain or sprain, chronic pain syndrome, and lumbosacral radiculopathy. The treatment plan includes a request for psychology screening consultation to see if he is an appropriate candidate for spinal cord stimulation (SCS). Treatment to date has included oral and topical analgesics and home exercise program. Utilization review from January 28, 2014 denied the request for psychology screening, consultation because it does not appear that the patient has a condition for which SCS is indicated. There is no evidence of failed back surgery or demonstration of findings for CRPS.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOLOGY SCREENING, CONSULTATION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators); SPINAL CORD STIMULATORS (SCS) Page(s): 101; 105-107.

Decision rationale: According to page 101 of the CA MTUS Chronic Pain Medical Treatment Guidelines, psychological evaluations are recommended prior to spinal cord stimulator (SCS) trial. Page 107 states the indications for SCS which include: failed back syndrome; Complex Regional Pain Syndrome (CRPS)/Reflex sympathetic dystrophy (RSD); post amputation pain (phantom limb pain); post herpetic neuralgia; spinal cord injury dysesthesias; and pain associated with multiple sclerosis; peripheral vascular disease. In this case, the above-mentioned conditions are not present in this patient. Since there are no indications for SCS, the associated service of psychological consult is not medically necessary. Moreover, there was no objective evidence of trial and failure of other guideline-recommended conservative treatment. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Psychology Screening, Consultation is not medically necessary.