

Case Number:	CM14-0110004		
Date Assigned:	08/01/2014	Date of Injury:	07/13/2011
Decision Date:	09/03/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/15/2014

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 Physical Medicine and Rehabilitation has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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 44-year-old female with a work injury dated 7/13/11. The diagnoses include L5-S1 annular tear with S1 chemical radiculitis. Under consideration is a request for Neuropsych Clearance for Spinal Cord Stimulator trial. There is a primary treating physician report dated 6/18/14 that states that the patient was complaining of increased pain in her lower back with radiation to her legs. Her pain is managed with opioids, including Percocet and Morphine Sulfate. On exam examination revealed the patient has a BMI of 34.57. She demonstrated a cautious gait pattern and straight leg raise caused back pain. She had intact sensation and motor findings, restricted lumbar spine range of motion with exquisite tenderness to palpation in the lumbosacral junction. The patient's MRI showed a clear annular tear at L5-S1 with an annular bulge. There was no stenosis. The patient is diagnosed with an L5-S1 annular tear with S1 chemical radiculitis. A third opinion for surgery is indicated at this time. A second opinion had recommended surgery at the L5-S1 disc. The patient has failed an extensive course of conservative therapy. The patient is currently not working. A 6/18/14 document of an office visit reveals the patient states that she had an appointment with her spine surgeon who has tried to get surgery approved but this has not been successful. A spinal cord stimulator trial was recommended to help with the neuropathic pain symptoms that are present in the low back and lower extremities. A neuropsychological evaluation for spinal cord stimulator trial is recommended. Per documentation a request for a spinal cord stimulator trial was found to be medically not necessary in peer review on 6/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuropsych clearance for spinal cord stimulator trial: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 307, 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) p.101 Page(s): 101.

Decision rationale: Neuropsych clearance for spinal cord stimulator trial is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that psychological evaluations are recommended pre-intrathecal drug delivery systems (IDDS) and spinal cord stimulator (SCS) trial. The documentation reveals that the spinal cord stimulator was deemed on prior utilization review to be not medically necessary, therefore the request for neuropsych clearance for spinal cord stimulator trial is not medically necessary.