

Case Number:	CM14-0116528		
Date Assigned:	08/04/2014	Date of Injury:	02/08/2012
Decision Date:	09/10/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/24/2014

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 in Psychology and is licensed to practice in 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The injured worker reported injury on 02/08/2012. Prior treatments included medications and therapy. The mechanism of injury, surgical history, or diagnostic studies was not provided. There were no legible fax documents to support the request, including no DWC Form RFA or PR-2 submitted for the requested intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCH EVALUATION (PRIOR TO SCS TRIAL): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cordstimulators) Page(s): 101.

Decision rationale: The Expert Reviewer's decision rationale: The California MTUS Guidelines recommend psychological evaluations prior to spinal cord stimulator trial. The California MTUS Guidelines recommend spinal cord stimulators for selected injured workers in cases where less invasive procedures failed and following a successful temporary trial. The clinical

documentation submitted for review failed to provide a DWC Form RFA or PR-2 for the requested psych evaluation. There was a lack of documentation of the criteria to support the use of a spinal cord stimulator. The prior therapies were illegible. Given the above, the request for psych evaluation prior to SCS trial is not medically necessary.