

<b>Case Number:</b>	CM14-0122241		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	03/07/2013
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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 Child & Adolescent 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 injured worker is a 24 year old male who was injured at work on March 7, 2013. The injured worker suffered a crush injury to his left hand middle finger. On March 8, 2013 the injured worker underwent an open reduction and fixation surgery. He later required a second finger surgery. He has continued to experience distressing pain. The injured worker is diagnosed with myofascial pain and may have Chronic Regional Pain Syndrome (CRPS). Additional treatments included topical medication, and oral analgesics. He has been referred for neuroma stump injections, the medication gabapentin, and a spinal cord stimulator.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psych Evaluation for Anticipated Neurostimulator Trial:** 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, Spinal Cord Stimulators Page(s): 101, 105.

**Decision rationale:** MTUS guidelines indicate that spinal cord stimulators are indicated for the treatment of pain syndromes only when less invasive procedures have failed, or are contraindicated. Psychological evaluations are indicated prior to trials of spinal cord stimulators

(SCS). The injured worker has a pain syndrome causing distress. However, he has not undergone less invasive procedures, which include injections into the neuroma stump in his hand, and the psychotropic medication gabapentin. Since medical necessity is not met for a SCS, there is also no medical necessity for the Psychological evaluation either. The request is not medically necessary and appropriate.