

Case Number:	CM14-0129257		
Date Assigned:	09/05/2014	Date of Injury:	01/01/1980
Decision Date:	09/26/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/14/2014

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:

According to the records that were provided for this independent medical review, this patient is a 69 year and 10 month old male who reported an injury at his employment on January 1, 1980 during the course of his employment with [REDACTED]. Medically, he has been diagnosed with failed back surgery syndrome and intermittent low back pain with spasms in the legs and increased pain in the past month. He is status post decompression laminectomy and fusion; Also s/p wrist/hand surgery. Medically he is also diagnosed with spondylosis and lumbar discogenic spine, lumbar facet arthropathy. The request was made for one psychological clearance prior to spinal cord stimulator surgery. This request was not approved. This independent medical review will address a request to overturn the decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological clearance prior to lumbar SCS (spinal cord stimulator) trial (x1): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines-Spinal Cord Stimulators.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, psychological evaluations, IDDS and SCS Page(s): 101.

Decision rationale: According to the MTUS treatment guidelines psychological evaluations for SCS spinal cord stimulators are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but with more widespread use in chronic pain populations. I reviewed the patient's medical chart and I could see no clear rationale for denying this procedure. The patient has had extensive multiple surgeries in the past and he has had chronic pain since his injury onset over 34 years ago. The use of a psychological evaluation prior to the surgical intervention is often a prudent measure to make sure that the patient understands the procedure and has realistic expectations of what it may or may not accomplish for him as well as to determine whether or not there are any psychological/cognitive/emotional and even social issues that would suggest that the procedure would be inappropriate for him. It appears based on my review that in fact the request was initially made for both the spinal cord stimulator and the spinal cord stimulator evaluation the same time and what happened was that the evaluation was approved but that the actual procedure was not pending the outcome of the evaluation. It is unclear why this independent medical review happened if that was the case because it seems like utilization review has already accepted the re-quest for this procedure. Regardless the finding of this independent medical review is to approve the request to overturn the non-certification decision and to allow for 1 psychological clearance evaluation prior to lumbar SCS trial.