

Case Number:	CM14-0170955		
Date Assigned:	10/23/2014	Date of Injury:	01/03/2012
Decision Date:	11/21/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/16/2014

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 Orthopedic Spine Surgeon 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 injured worker is a 52-year-old male who reported an injury on 01/04/2012. The mechanism of injury was not provided. The medications included Oxycodone HCl 30 mg 1 every 4 to 6 hours, Exalgo 12 mg ER 2 tablets daily, Lidocaine 5% patches, aspirin 81 mg delayed release tablets, Zolpidem tartrate 10 mg tablets, Atorvastatin, and Metoprolol Succinate. The injured worker was noted to have a urine drug screen that was appropriate. Mechanism of injury was cumulative trauma. Other therapies and diagnostic studies included an MRI and electrodiagnostic studies. The injured worker underwent a right shoulder arthroscopy with a subacromial decompression, distal clavicle excision, arthroscopic rotator cuff repair and extensive debridement on 08/20/2013. The injured worker underwent post-operative physical therapy. The injured worker underwent multiple x-rays and MRIs. The documentation of 07/07/2014 revealed the injured worker reported a new onset of depressive symptoms due to pain. The injured worker indicated he hated his life and denied suicidal ideation. The injured worker had right shoulder, arm, and hand pain. The physical examination revealed the gait was non-antalgic and the injured worker could ambulate without assistance. The injured worker had limited range of motion of the upper extremity. The injured worker had limited range of motion in the neck. The diagnosis included RSD upper extremities; chronic pain syndrome; pain involving joint, shoulder region; spasm of muscle, and myofascial pain syndrome. The treatment plan included a cervical epidural steroid injection, a request for cognitive behavioral therapy initial evaluation due to the injured worker's feelings of depression and sadness due to chronic pain condition and a lack of improvement. The documentation indicated the injured worker failed physical therapy and the physician briefly discussed spinal cord stimulator therapy. There was a lack of documented rationale for the request and there was a lack of documented Request

for Authorization. This request was previously denied as a lack of documentation of findings to support CRPS and the spinal cord stimulator had not been approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Stimulator Implantation, Clinical Diagnostic Criteria (the "Budapest Criteria") for CRPS

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

Decision rationale: The California MTUS Guidelines recommend psychological evaluations prior to spinal cord stimulator trials. Additionally, they recommend behavioral interventions. Injured workers should be screened for risk factors for delayed recovery, including fear avoidance beliefs. There should be a consideration of cognitive behavioral therapy after 4 weeks if there is a lack of progress from physical medicine alone. The clinical documentation submitted for review failed indicated that the injured worker had failed physical therapy and had feelings of depression and sadness due to chronic pain and lack of improvement. As such, the request for a psychological evaluation would be medically necessary and appropriate.