

Case Number:	CM14-0040462		
Date Assigned:	06/16/2014	Date of Injury:	10/05/2006
Decision Date:	07/17/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/07/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 made available for review, this is a 46-year-old female with a 10/5/06 date of injury. At the time (1/3/14) of request for authorization for pain psychology consultation, there is documentation of subjective (ongoing bilateral knee pain with an increase in burning pain, aching and burning pain in the neck, stabbing pain in the shoulders, and numbness and tingling in the hands) and objective (decreased cervical range of motion and decreased left hand grip strength) findings, current diagnoses (mild cervical stenosis, left de Quervain's tenosynovitis status post surgery, and right shoulder arthralgia status post arthroscopy), and treatment to date (medications, home exercise program, and activity modification). In addition, medical report plan identifies spinal cord stimulator trial due to the patient's ongoing chronic pain at L5-S1 with a pain psychology consultation to be performed prior to the trial. There is no documentation of failed back syndrome (persistent pain in patients who have undergone at least one previous back operation), primarily lower extremity pain; or CRPS/RSD, careful counseling, that the SCS will be used in conjunction with comprehensive multidisciplinary medical management, and that SCS will be combined with physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN PSYCHOLOGY CONSULTATION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PSYCHOLOGICAL EVALUATIONS.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of failed back syndrome (persistent pain in patients who have undergone at least one previous back operation), primarily lower extremity pain, less invasive procedures have failed or are contraindicated, as criteria necessary to support the medical necessity of spinal cord stimulation in the management of failed back syndrome. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of CRPS/RSD, careful counseling and patient identification, that the SCS will be used in conjunction with comprehensive multidisciplinary medical management, and that SCS will be combined with physical therapy, as criteria necessary to support the medical necessity of spinal cord stimulation in the management of CRPS/RSD. Within the medical information available for review, there is documentation of diagnoses of mild cervical stenosis, left de Quervain's tenosynovitis status post surgery, and right shoulder arthralgia status post arthroscopy. In addition, there is documentation of a plan identifying spinal cord stimulator trial due to the patient's ongoing chronic pain at L5-S1 with a pain psychology consultation to be performed prior to the trial. Furthermore, there is documentation that less invasive procedures have failed (medications, home exercise program, and activity modification). However, there is no documentation of failed back syndrome (persistent pain in patients who have undergone at least one previous back operation) and primarily lower extremity pain. In addition, there is no documentation of CRPS/RSD, careful counseling, that the SCS will be used in conjunction with comprehensive multidisciplinary medical management, and that SCS will be combined with physical therapy. Therefore, based on guidelines and a review of the evidence, the request for pain psychology consultation is not medically necessary.