

Case Number:	CM14-0041797		
Date Assigned:	06/20/2014	Date of Injury:	10/02/2010
Decision Date:	07/18/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/12/2014

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 licensed 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 injured worker is a female with no reported date of birth who reported an injury on 10/02/2010 tripped on pile of wood and twisted her low back. The injured worker had complaints of left buttock pain with radiation down the posterior thigh and calf to the left foot Neck pain was rated 2/10, left leg and back pain rated 8/10. Complaining of difficulties with activities of daily living. MRI revealed a large herniated disc fragment at L5-S1 with marked disc degeneration at L4-L5. The injured worker did receive epidural steroid injection which was unsuccessful. The injured worker was referred for surgical spine consultation who recommended an AP L4 through S1 fusion. Then she saw another doctor who felt she was not a candidate for fusion surgery. Physical examination on 06/05/2014 revealed cervical flexion was to 20 degrees, extension to 25 degrees, bilateral lateral tilt to 20 degrees with right sided tilt reproducing left sided neck pain. Lumbar flexion was to 90 degrees with pain, extension to 20 degrees with pain, bilateral lumbar rotation to 20 degrees. Decreased sensation in left L5-S1 distribution. There was equivocal left straight leg raise, negative on the right, negative bilateral Patrick/Fabre maneuver. Medications were Lyrica, Celebrex, Pristiq and Percocet which are no longer being taken. The diagnoses were L3-L4, L4-L5, and, L5-S1 marked degenerative disc disease with large herniated L5-S1 left paracentral disc fragment, chronic pain, severe reactive depression, left sided cervical myofascial pain, history of alcohol abuse, tobacco use, scoliosis centered at L2, sleep dysfunction, dental disease. Diagnostic studies were not submitted. Treatment was for one psychological evaluation for spinal cord stimulator. The rationale and request for authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Psychological evaluation for spinal cord stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines May 2009, Spinal cord stimulators, (SCS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators, Indications for stimulator implantation Page(s): 105, 106, 107.

Decision rationale: The request for one psychological evaluation for spinal cord stimulator is non-certified. The injured worker has no documentation of having physical therapy. The injured worker has not had back surgery. The outcome from taking medications for pain was not recorded. The California Medical Treatment Utilization Schedule states failed back syndrome (persistent pain in patients who have undergone at least one previous back surgery), more helpful for lower extremity than low back pain. It works best for neuropathic pain. The guidelines also state for complex regional pain syndrome, post amputation pain (phantom limb pain), post herpetic neuraglia, spinal cord injuries (pain in lower extremities associated with spinal cord injury), pain associated with multiple sclerosis, peripheral vascular disease (insufficient blood flow to the lower extremity, causing pain and placing it at risk for amputation. The guidelines also state recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. The guidelines do recommend psychological evaluation for spinal cord stimulator. However, as the injured worker has not had back surgery or been diagnosed with complex regional pain syndrome, she is not a candidate for the procedure. Therefore, the request for a psychological evaluation for spinal cord stimulator would be premature and not supported. As such, the request is not medically necessary.