

Case Number:	CM14-0047238		
Date Assigned:	07/02/2014	Date of Injury:	01/06/2011
Decision Date:	08/06/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/15/2014

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 Surgery 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 61 year old male whose date of injury is January 6, 2011. On this date the injured worker fell off the back of a utility truck holding onto a steel auger and fell backwards. The injured worker is noted to be status post lumbar surgery x 2 in June and November 2013. Lumbar magnetic resonance image dated November 20, 2013 revealed postoperative changes with left sided transfacet far lateral discectomy and facetectomy at L4-5 and L5-S1, right sided medial facetectomy and foraminotomy at L4-5 and L5-S1, L4-5 and L5-S1 interbody arthrodesis and posterolateral arthrodesis and pedicle screw instrumentation. Psychological evaluation dated December 9, 2013 indicates that diagnosis is adjustment disorder with anxiety and depressed mood. His prognosis is fair with counseling to help him learn how to cope with his limitations and pain. Note dated January 31, 2014 indicates that the injured worker is unable to ambulate and is in a wheelchair. The most recent clinical summary provided dated March 6, 2014 indicates that he complains of low back pain bilaterally radiating to the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Cord Stimulator Qty: 2.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 307, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator Page(s): 105-107.

Decision rationale: The submitted records indicate that the injured worker is status post lumbar surgery x 2; however, there is no comprehensive assessment of recent active treatment completed or the injured worker's response thereto submitted for review. There is no indication that the injured worker has received psychological clearance for the procedure as required by California MTUS Guidelines. There is no current, detailed physical examination submitted for review. Based on the clinical information provided, the request for spinal cord stimulator is not recommended as medically necessary.

Psychological evaluation for SCS trial Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulator Page(s): 105-107.

Decision rationale: There is no comprehensive assessment of recent treatment completed or the injured worker's response thereto submitted for review. There is no current, detailed physical examination submitted for review. The injured worker underwent a prior psychological evaluation in December 2013 which recommended a course of individual psychotherapy. The submitted records fail to document whether this recommended treatment has been completed. Therefore, the requested psychological evaluation is not in accordance with California MTUS Guidelines, and is not medically necessary.