

Case Number:	CM14-0051905		
Date Assigned:	07/07/2014	Date of Injury:	03/28/2008
Decision Date:	12/23/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/21/2014

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 48-year-old female with a 3/28/08 date of injury. At the time (2/19/14) of the request for authorization for spinal cord stimulator trial and 12 sessions psychotherapy, there is documentation of subjective (pain of multiple body parts) and objective (9 degrees of curvature to the lumbar spine) findings, current diagnoses (thoracic or lumbosacral neuritis or radiculitis, unspecified), and treatment to date (medication, back brace, ESI, and psychotherapy). Regarding spinal cord stimulator 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, less invasive procedures have failed or are contraindicated, and a psychological evaluation prior to a trial. Regarding 12 sessions psychotherapy, the number of previous psychotherapy treatments cannot be determined and there is no documentation of objective functional improvement with previous treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal cord stimulator trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Indications for stimulator implantation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines pinal cord stimulators; CRPS, spinal cord stimulators Page(s): 105-107; 38.

Decision rationale: 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, and a psychological evaluation prior to a trial, as criteria necessary to support the medical necessity of spinal cord stimulation in the management of failed back syndrome. Within the medical information available for review, there is documentation of diagnoses of thoracic or lumbosacral neuritis or radiculitis, unspecified. However, 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, less invasive procedures have failed or are contraindicated, and a psychological evaluation prior to a trial. Therefore, based on guidelines and a review of the evidence, the request for spinal cord stimulator trial is not medically necessary.

12 Sessions Psychotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that behavioral interventions are recommended. MTUS Guidelines go on to recommend an initial trial of 3-4 psychotherapy visits over 2 weeks, and with evidence of objective functional improvement, a total of 6-10 visits over 5-6 weeks (individual sessions). Within the medical information available for review, there is documentation of diagnoses of thoracic or lumbosacral neuritis or radiculitis, unspecified. In addition, there is documentation of treatment with psychotherapy. However, there is no documentation of the number of previous psychotherapy sessions to determine if guidelines has already been exceeded or will be exceeded with the additional request. In addition, there is no documentation of evidence of objective functional improvement with previous treatment. Therefore, based on guidelines and a review of the evidence, the request for 12 sessions psychotherapy is not medically necessary.