

Case Number:	CM14-0054483		
Date Assigned:	07/07/2014	Date of Injury:	11/15/2005
Decision Date:	08/07/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/23/2014

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 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:

The claimant is a 71 year-old female (██████████) with a date of injury of 11/15/05. The claimant sustained injuries to her back while working as a teacher for ██████████. In the "SOAP" noted dated 3/27/14, ██████████ diagnosed the claimant with: (1) Bilateral sacroillitis, positive response to radiofrequency rhizotomy two years ago; (2) Lumbar degenerative disc disease, responded well to epidural injection to the past; (3) Lumbar radiculopathy, currently is mildly to moderately aggravated; (4) Lumbar facet arthrosis, stable; (5) Recent rib fracture at T6,7 from fall, need intercoastal nerve blocks; and (6) Trochanteris bursitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Psychologist for a Spinal Pain Pump clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators) Page(s): 100-101.

Decision rationale: The CA MTUS guideline regarding the use of psychological evaluation for IDDS and SCS will be used as reference for this case. In the most recent SOAP note from [REDACTED] [REDACTED] dated 3/27/14, the treatment plan indicates that conservative treatment measures will continue to be used. He wrote that the "Patient to continue with the use of heat, ice, rest, and gentle stretching and exercise which can be tolerated without exacerbating pain." In regards to medication, [REDACTED] requested an authorization "for continued coverage for patient's chronic pain medication maintenance regimen." There was no mention in the note of a potential spinal pain pump consideration. Although a referral for a psychological evaluation is recommended for IDDS and SCS, without sufficient documentation the need for the evaluation cannot be fully determined. As a result, the request for a "Referral to Psychologist for a Spinal Pain Pump clearance" is not medically necessary.