

Case Number:	CM14-0072739		
Date Assigned:	07/16/2014	Date of Injury:	06/13/2005
Decision Date:	09/08/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/19/2014

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 as a Psychologist, 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 58-year-old male who reported an injury on 06/13/2005. The mechanism of injury was not provided. Diagnostic studies included an MRI of the lumbar spine on 08/07/2013. Past treatments included physical therapy, medication, 3 epidural steroid injections of the lumbar spine and surgery. Surgical history included lumbar fusion with hardware in 2010, right shoulder in 1988 and right knee in 1987. On 05/23/2013, the injured worker was seen for low back pain. He described the pain as intermediate, dull/aching, stabbing, and burning. He noted numbness, tingling, and weakness down his right leg. He had previously undergone epidural steroid injections which had been successful in treating his neuropathic pain. The injured worker obtained greater than 50% pain relief and functional improvement with decreased medication requirements lasting greater than 6 weeks from the last caudal epidural steroid injection on 04/18/2013. He noted the radicular pain in his legs was greatly diminished. The pain was 8/10 without medications and 2/10 with medications. The pain was at 7/10. The medications keep the injured worker functional along with for increased mobility, tolerance of activities of daily living, and home exercise. There were no side effects associated with medications. The current medications include cyclobenzaprine HCl 10 mg 1 tablet 3 times a day as needed, Norco 10/325 mg 3 times a day as needed for pain, Fexmid per PCP. The treatment plan is to continue with medications, urine drug testing, and CURES reports where appropriate. There were no signs of aberrant behavior or abuse. Continue with conservative treatment to include home exercise program, moist heat, and stretches. Psychosocial/psychiatric treatments were not recommended at this time. On 05/01/2014 there was a utilization review which revealed that there was a psychological clearance already available for the spinal cord stimulation trial. The request is for a prospective request for 1 psychological

evaluation/clearance. The rationale was not provided. The request for authorization was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 Psychological evaluation/clearance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

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 Prospective request for 1 Psychological evaluation/clearance is non-certified. The injured worker had a history of shoulder and back pain. The California Medical Treatment Utilization Schedule (MTUS) states that psychological evaluations are recommended pre-intrathecal drug delivery systems (IDDS) and spinal cord stimulator (SCS) trial. The clinical information submitted included a prior psychological evaluation on 05/21/2014 for the purpose of determining if the injured worker was a candidate for a spinal cord stimulator trial. This evaluation cleared the injured worker for the trial. There is a lack of rationale for performing a repeat evaluation at this time. Therefore, the request is non-certified.