

Case Number:	CM14-0075324		
Date Assigned:	07/16/2014	Date of Injury:	08/29/2012
Decision Date:	09/19/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/23/2014

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 Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Nevada. 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 41-year-old gentleman who was reportedly injured on August 29, 2012. The mechanism of injury is listed as lifting heavy equipment. The most recent progress note dated February 2, 2014, indicates that there are ongoing complaints of low back pain radiating to the left lower extremity. Current medications include hydrocodone, Lisinopril and Zanaflex. Physical examination of the lumbar spine noted a positive left-sided straight leg raise test. There was facet tenderness over the lower lumbar facets on the left side any positive facet loading test to the left. There was decreased lumbar spine range of motion with pain. The neurological examination revealed decreased sensation at the lateral aspect of the left leg and the dorsum of left foot. Diagnostic imaging studies of the lumbar spine show a disc osteophyte complex at L5 - S1 with caudal extrusion of the disc. Annular tears were also noted at L4 - L5 and L5 - S1. Previous treatment includes acupuncture, physical therapy, interlaminar steroid injections, and epidural steroid injections. A request was made for a psychiatric visit any trial of a spinal cord stimulator was non-certified in the pre-authorization process on May Seven 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric visit x 1 for chronic pain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators Page(s): 38 OF 127.

Decision rationale: As the accompanying request for a spinal cord stimulator trial has been determined not to be medically necessary, so is this request for a Psychiatric Visit for chronic pain is not medically necessary.

Spinal cord stimulator trial for lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators Page(s): 38 OF127.

Decision rationale: A review of the medical records indicates that the injured employee has low back pain but has not had lumbar spine surgery. Despite the injured employees complaints of low back pain and radicular symptoms it is unclear why a spinal cord stimulator trial is requested considering the absence of surgical intervention for disc extrusion noted on magnetic resonance image. Considering this, this request for a Spinal Cord Stimulator trial is not medically necessary.