

Case Number:	CM14-0089031		
Date Assigned:	07/23/2014	Date of Injury:	12/05/2009
Decision Date:	10/21/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/12/2014

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 Medicine and is licensed to practice in Florida. 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 46-year-old male who reported an injury on 12/05/2009. The mechanism of injury was not provided. The injured worker's diagnoses included low back pain, bilateral leg weakness, and recent falls. The injured worker's past treatments included aquatic therapy, physical therapy, a home exercise program and medications. The injured worker's diagnostic testing included urine toxicology screenings. There were no relevant surgeries documented. The injured worker's surgical history included a lumbar fusion at L5-S1 on 08/25/2010, and then a revision on 02/29/2012. A third surgery was a partial laminectomy at T9-10 with a spinal cord stimulator implantation done in the fall of 2012. On 04/02/2014, the injured worker complained of low back pain and leg pain issues. He reported that the insurance carrier requested that he see a psychologist, so he is going to see his doctor at the end of this month. He reported that he was off antibiotics and has not had any significant recurrent swelling. Upon physical examination, the injured worker was noted to be unable to demonstrate any significant range of motion to the lumbosacral region. The injured worker's medications included Percocet 10 mg, Valium 5 mg, Ultram ER 200 mg, gabapentin 600 mg, Flexeril 5 mg, Zanaflex 4 mg, Lyrica 50 mg, and baclofen 10 mg. The request was for psychological evaluation for a chronic intrathecal pump implantation. The rationale for the request was not provided. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological evaluation for a chronic intrathecal pump implantation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations, Implantable drug-delivery systems Page(s): 100-101, 52.

Decision rationale: The request for psychological evaluation for a chronic intrathecal pump implantation is not medically necessary. The California MTUS Guidelines state that psychological evaluations are generally accepted, well established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. The interpretations of the evaluation should provide clinicians with a better understanding of the patient in their social environment, thus allowing for more effective rehabilitation. A trial found that it appears to be feasible to identify patients with high levels of risk of chronic pain and to subsequently lower the risk for work disability by administering a cognitive behavioral intervention focusing on psychological aspects of the pain problem. The California MTUS Guidelines recommend psychological evaluations pre-intrathecal drug delivery systems and spinal cord stimulator trial. Implantable drug delivery systems are recommended only as an end stage treatment alternative for selected patients for specific conditions after failure of at least 6 months of less invasive methods, and following a successful temporary trial. This treatment should only be used relatively late in the treatment continuum, when there is little hope for effective management of chronic intractable pain from other therapies. For most patients, it should be used as part of a program to facilitate restoration of function and return to activity, and not just for pain reduction. The specific criteria in these cases include the failure of at least 6 months of other conservative treatment modalities, intractable pain secondary to a disease state with objective documentation of pathology, and further surgical intervention is not indicated. The injured worker did complain of pain. However, there was not a quantified pain evaluation performed. There was not sufficient documentation of failed conservative therapy. The patient underwent a psychodiagnostic and personality assessment on 11/17/2013, where he was administered the Minnesota Multiphasic Personality Inventory 2, Wahler Physical Symptoms Inventory, Beck Depression Inventory, Impact of Events Scale, State Trait Anxiety Inventory, and Rosenberg Self Esteem Scale. Upon interpretation of the psychiatric evaluation, the injured worker was diagnosed with pain disorder associated with both medical and psychological features, and depressive disorder (not otherwise specified). The injured worker was documented to not have worked since the incident in 12/2009. There was no sufficient evidence that the injured worker would be part of a program to facilitate restoration of function and return to activity. In the absence of documentation of sufficient evidence that the patient is going to be part of a program to facilitate restoration of function and return to activity. In the absence of documentation of sufficient evidence that the patient is going to be part of a program to facilitate restoration of function and return to activity, due to a psychological evaluation was performed less than a year ago, and the lack of documented evidence of failure of at least 6 months of conservative therapy (to include physical therapy, home exercise, and medications), the request is not supported. Therefore, the request is not medically necessary.