

Case Number:	CM14-0184157		
Date Assigned:	11/12/2014	Date of Injury:	11/01/2000
Decision Date:	01/12/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/05/2014

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 injured worker is a 53 year-old female () with a date of injury of 11/1/2000. The injured worker sustained injury to her back as the result of a motor vehicle accident. In his PR-2 report dated 11/11/14, Dr. noted increase stiffness as the result of increased lower back pain. She has been treated with medications, physical therapy, activity modification, and surgery. The request under review is for a psychological evaluation prior to spinal cord stimulator implantation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych Consultation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cordstimulat.

Decision rationale: The CA MTUS guidelines regarding psychological evaluations prior to IDDS and SCS as well as the use of psychological evaluations in the treatment of chronic pain will be used as references for this case. The minimal records indicate that the injured worker has

been recommended for spinal cord stimulator implantation. Based on Dr. [REDACTED] PR-2 report dated 11/11/14, the request under review is for a psychological clearance/consultation for the implantation. However, the UR Determination Letter dated 10/21/14 denied the request indicating that the request for spinal cord stimulator had been denied and therefore, an evaluation was not necessary. There are no records included for review to confirm this report. Given that the CA MTUS recommends a pre-SCS implantation psychological evaluation/consult, the request appears appropriate. As a result, the request for a "Psych Consultation" is medically necessary.