

Case Number:	CM14-0198506		
Date Assigned:	12/08/2014	Date of Injury:	08/23/2007
Decision Date:	01/21/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/25/2014

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 Internal Medicine, 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 (IW) is a 51-year-old woman with a date of injury of August 23, 2007. The mechanism of injury was not documented in the medical record. The current working diagnoses are lower leg pain; lumbago; lumbar degenerative disc disease; and lumbar facet arthropathy. Pursuant to the progress note dated September 9, 2014, the IW complains of low back pain with radiation into her right lower extremity, right medial thigh, and right groin. She also complains of neck pain with radiation into the bilateral upper extremities. Her current pain is n8/10. She is currently taking Gabapentin 3200mg daily with no significant relief of her neuropathic pain. Objective physical findings revealed slow, and left antalgic gait. The left lower leg has slight swelling, but no heat or redness noted. She has tenderness in the mid back area, decreased range of motion in the back due to pain, and positive sensory deficits in the right lower extremity at L4-L5 dermatomes. According to an office visit note dated November 4, 2014, the IW review information regarding a spinal cord stimulator (SCS), and would like to move forward with SCS trial. The provider documents that the IW defers spinal surgery at this time. The IW previously underwent a lumbar epidural steroid injection on September 26, 2014, which provided 20 % relief of her low back pain and right lower extremity radiculopathy for 4 days. The current request is for a psych evaluation, and a spinal cord stimulator trial times 2 to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-101.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain, Office Visits

Decision rationale: Pursuant to the Official Disability Guidelines, psychiatric evaluation is not medically necessary. Evaluation and management outpatient visits to the offices of a medical doctor play a critical role in the proper diagnosis and return to function of an injured worker. The need for an office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. In this case, the psychiatric evaluation was a prelude to a spinal cord stimulation trial. The spinal cord stimulation trial was deemed to be not medically necessary pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines. Consequently, if the spinal cord stimulation trial is not medically necessary the psychiatric evaluation is not medically necessary.

Spinal cord stimulation trial times 2 for the lumbar spine and left knee/lower leg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulation Page(s): 15-107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back/Pain Sections, Spinal Cord Stimulation

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, spinal cord stimulation trial times 2 to the lumbar spine and left knee/leg is not medically necessary. Spinal cord stimulator (SCS) is recommended only for selected patients with complex regional pain syndrome type I; for use in failed back surgery syndrome. More trials are needed to confirm whether SCS is an effective treatment for certain types of chronic pain. Indications for stimulator implantation are numerator in the official disability guidelines. The ODG state, in part, SCS is used for complex regional pain syndrome; SCS is used in failed back surgery syndrome. The Chronic Pain Medical Treatment Guidelines provide at least one previous back operation, a candidate for repeat surgery, symptoms are primarily lower extremity radicular pain, there has been a limited response to non-interventional care, psychological clearance indicates realistic expectations, there is no current evidence of substance abuse issues, and there are no contraindications to a trial. In this case, the injured worker's working diagnoses are lumbar degenerative disc disease; and lumbar radiculitis. There is no documentation in the medical record of prior lumbar surgery. The documentation indicates the injured worker, in a November 4, 2014 progress note, defers spinal surgery at this time. The spinal cord stimulation trial is recommended for selected patients with complex regional pain syndrome and for use in failed back surgery syndrome. This injured worker has neither diagnoses present in the medical record documentation. Consequently, SCS is not recommended. Based on clinical information in

the medical record and peer-reviewed evidence-based guidelines, SCS trial times to the lumbar spine and left knee/leg is not medically necessary.