

Case Number:	CM14-0209258		
Date Assigned:	12/22/2014	Date of Injury:	02/07/2008
Decision Date:	02/11/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/15/2014

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:

According to the provided medical records, this patient is a 60-year-old male who reported a work-related injury that occurred on February 7, 2008 during the course of his employment for [REDACTED]. The mechanism of injury was not provided for consideration. He reports ongoing chronic neck and back pain and is status post multiple surgeries to both his neck and back. According to a PR-2 from November 18, 2014 a request was made for a psychological evaluation in order to proceed with a therapeutic trial of intrathecal analgesia with a view towards possible implantation of an intrathecal drug pump for long-term pain control. He has a diagnosis of failed back surgery syndrome. The patient has been sustained on Suboxone for pain management but has had difficulty with getting the medication consistently authorized, this ongoing difficulty is listed as part of the rationale for consideration of the trial of an intrathecal pump. Utilization review non-certified the request for a psychological evaluation, this IMR will address a request to overturn that decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych consult: Overturned

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 behavioral interventions, psychological evaluations, IDDS and SCS, intrathecal drug delivery sys.

Decision rationale: According to the MTUS guidelines for implantable drug delivery systems (IDDSs) is recommended as an end stage treatment alternative for selected patients for selected conditions as indicated below after failure of at least 6 months of less invasive treatments and following a successful temporary trial. Six criteria are listed in the process of determining whether or not the patient is appropriate for an IDDS and the 4th criteria states "psychological evaluation has been attained and evaluation states that the pain is not primarily psychologic in origin and that benefit would occur with implantation despite any psychiatric comorbidity." Furthermore, MTUS treatment guideline topic psychological evaluations IDDS and SCS it states that psychological evaluations pre-intrathecal drug delivery systems and spinal cord stimulator trial are recommended. According to the MTUS psychological evaluations are generally accepted, well-established diagnostic procedures not only with selective use in pain problems, but with more widespread use in chronic pain populations. Diagnostic evaluation should distinguish between conditions that are pre-existing, aggravated by the current injury or work-related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. According to the official disability guidelines: psychometrics are very important in the evaluation of chronic complex pain problems, but there are some caveats. Not every patient with chronic pain needs to have a psychometric exam. Only those with complex or confounding issues. Evaluation by a psychologist is often very useful and sometimes detrimental depending on the psychologist and the patient. Careful selection is needed. Psychometrics can be part of the physical examination, but in many instances this requires more time than it may be allocated to the examination. Also it should not be bundled into the payment but rather be reimbursed separately. There are many psychometric tests with many different purposes. There is no single test that can measure all the variables. Hence a battery from which the appropriate test can be selected is useful. The request for a pre-surgical psychological evaluation to determine the appropriateness from a psychological point of view of an intrathecal medication delivery system for this particular patient appears to be an appropriate and reasonable request. The patient has documented failed back surgery syndrome following multiple surgeries to his back and neck and has been maintained for considerable length of time on opiate medications, including Suboxone. Although the patient has a prior history of abusing alcohol and drugs, there is also clear documentation that he is not currently doing so. A psychological assessment and evaluation prior to the intervention is supported by MTUS guidelines to determine whether or not the pain medication pump would be appropriate for this patient, therefore the request appears to be medically necessary and appropriate. The medical necessity is established.