

Case Number:	CM15-0000001		
Date Assigned:	01/09/2015	Date of Injury:	04/04/2010
Decision Date:	03/10/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/31/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York, Tennessee
 Certification(s)/Specialty: Emergency Medicine

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 57 year old male, who sustained an industrial injury on January 4, 2010. He had reported pain in his back that started hurting him a couple of months after his fall. The diagnoses have included cervical spondylosis, cervical radiculitis, postlaminect Synd-lumbar and lumbosacral neuritis Nos. Treatment to date has included ESI injection, heat treatment, ice treatment, massage therapy, physical therapy and medications. Currently, the injured worker complains of moderate to severe pain in the center of the low back with radiation of the pain into the left lower extremity into the left foot. On December 12, 2014, Utilization Review non-certified a psych eval/consult prior to SCS implant, noting the MTUS guidelines. On December 28, 2009, the injured worker submitted an application for IMR for review of psych eval/consult prior to SCS implant.

IMR ISSUES, DECISIONS AND RATIONALES

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

psych evaluation/consult prior to SCS implant: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Spinal Cord Stimulators

Decision rationale: Spinal cord stimulators are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, after a successful temporary trial and for the following indications: Failed back syndrome (persistent pain in patients who have undergone at least one previous back operation and are not candidates for repeat surgery), when all of the following are present: (1) symptoms are primarily lower extremity radicular pain; there has been limited response to non-interventional care (e.g. neuroleptic agents, analgesics, injections, physical therapy, etc.); (2) psychological clearance indicates realistic expectations and clearance for the procedure; (3) there is no current evidence of substance abuse issues; (4) there are no contraindications to a trial; (5) Permanent placement requires evidence of 50% pain relief and medication reduction or functional improvement after temporary trial. Estimates are in the range of 40-60% success rate 5 years after surgery. Neurostimulation is generally considered to be ineffective in treating nociceptive pain. The procedure should be employed with more caution in the cervical region than in the thoracic or lumbar due to potential complications and limited literature evidence. Complex Regional Pain Syndrome (CRPS)/Reflex sympathetic dystrophy (RSD), 70-90% success rate, at 14 to 41 months after surgery, (Note: This is a controversial diagnosis.) Post amputation pain (phantom limb pain), 68% success rate Post herpetic neuralgia, 90% success rate Spinal cord injury dysesthesias (pain in lower extremities associated with spinal cord injury) Pain associated with multiple sclerosis Peripheral vascular disease (insufficient blood flow to the lower extremity, causing pain and placing it at risk for amputation), 80% success at avoiding the need for amputation when the initial implant trial was successful, the data is also very strong for angina. In this case the patient has had spinal surgery and has radicular pain. The patient is being seen by a psychologist in July 2014. Repeat psychological evaluation for spinal cord stimulator implant is duplication of services and is medically unnecessary. The request should not be authorized.