MAXIMUS Federal Services

Case Number:	CM15-0136903		
Date Assigned:	07/30/2015	Date of Injury:	02/29/2012
Decision Date:	09/02/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/15/2015

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: Texas, California
Certification(s)/Specialty: Family Practice

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 52-year-old male who sustained an industrial injury 02-29-2012. Diagnoses include chronic nonmalignant pain of the low back and chronic lumbosacral radiculopathy. Treatment to date has included medications, physical therapy, back support, facet injections, acupuncture, chiropractic treatment, epidural steroid injections and activity modification. He did not have beneficial results from conservative measures and was not a surgical candidate. According to the progress notes dated 6-2-2015, the IW reported constant chronic low back pain, radiating burning pain to his bilateral lower extremities. He rated his pain 6 out of 10 with Tramadol and 8 out of 10 without medication. On examination the IW was visibly uncomfortable and unable to sit on the right side. He walked with an antalgic gait using a cane for balance. Range of motion of the lumbar spine was decreased on flexion and extension and spasms and tenderness were noted in the paravertebral muscles. Dysesthesia was noted in the L4 through S1 dermatomes bilaterally. Muscle strength in bilateral knee flexion and extension was 4 over 5. MRI of the lumbar spine on 1-12-2015 showed lumbar spondylosis, most pronounced at L4-5; no central canal stenosis at any level; and mild to moderate bilateral foraminal narrowing at L4-5 and L5-S1. On 1-19-2015, electrodiagnostic testing of the bilateral lower extremities was normal. A spinal cord stimulator trial was discussed with the IW, who elected to proceed. A request was made for psyche evaluation for spine surgery clearance (consideration of spinal cord stimulator) for the clearance to establish realistic expectations. The medication list includes Tramadol, Hydrocodone Naproxen, Omeprazole, Buspirone, Citalopram and Estazolam. The patient has had history of depressive and panic disorder. Patient was not

authorized for spinal cord stimulator by peer review. The patient had received an unspecified number of the PT visits for this injury. The patient's surgical history includes attempted lumbar spine fusion. As per the records provided in last imaging no fusion was seen. Per the note dated 7/28/15 the patient had complaints of low back pain, with radiation in lower extremity, numbness and paresthesia. Physical examination of the lumbar spine revealed spasm, tenderness on palpation and guarding, decreased sensation in lower extremity and antalgic gait. The patient had used cane for this injury. The patient has had history of closed fracture of lateral malleolus. The patient has had history of GERD with medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psyche evaluation for spine surgery (consideration of spinal cord stimulator): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations, Spinal cords stimulators (SCS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluationsPage 100. Decision based on Non-MTUS Citation Official Disability Guidelines, current online versionChapter: Mental Illness & Stress (updated 03/25/15) Psychological evaluations.

Decision rationale: My rationale for why the requested treatment/service is or is not medically necessary: Per the cited MTUS guidelines "Psychological evaluations Recommended. 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. Psychosocial evaluations should determine if further psychosocial interventions are indicated". Per the cited ODG guidelines "Psychometrics are very important in the evaluation of chronic complex pain problems" 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". Diagnoses include chronic nonmalignant pain of the low back and chronic lumbosacral radiculopathy. Per the note dated 7/28/15 the patient had complaints of low back pain with radiation in lower extremity, numbness and paresthesia. Physical examination of the lumbar spine revealed spasm, tenderness on palpation and guarding, decreased sensation in lower extremity and antalgic gait. The patient had used cane for this injury. The patient has had history of closed fracture of lateral malleolus. Per earlier notes on 6/2/15, dysesthesia was noted in the L4 through S1 dermatomes bilaterally. Muscle strength in bilateral knee flexion and extension was 4 over 5. MRI of the lumbar spine on 1-12-2015 showed lumbar spondylosis, most pronounced at L4-5. The patient has had history of depressive and panic disorder. The patient's surgical history includes attempted lumbar spine fusion. As per the records provided in last imaging no fusion was seen. The patient has significant psychological/ psychiatric symptoms. In addition the pt had significant evidence of conditions causing chronic pain, which can contribute to psychological symptoms and the psychological symptoms can also affect the chronic pain perception. In such a patient it is medically appropriate and necessary to get a detailed psychological evaluation prior

to any major invasive procedure. If the psychological evaluation reveals significant psychological problems, that may influence whether the invasive procedure is done or when it is done and also it may clarify the anticipated benefit from that procedure. The request for Psyche evaluation for spine surgery (consideration of spinal cord stimulator) is medically appropriate and necessary for this patient.