

Case Number:	CM15-0140894		
Date Assigned:	07/30/2015	Date of Injury:	07/02/2008
Decision Date:	08/27/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/20/2015

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: Arizona, 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 is a 60 year old female, who sustained an industrial injury on July 02, 2008. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having chronic pain syndrome, crushing injury of the finger, reflex sympathetic dystrophy of the upper limb, chronic insomnia, and depression. Treatment and diagnostic studies to date has included status post left carpal tunnel release, nerve conduction study, medication regimen, use of a walker, aqua therapy, home exercise program, and status post amputation of the finger on the right hand. In a progress note dated April 10, 2015 the treating physician reports complaints of sharp, cramping, shooting, burning pain to the head, neck, bilateral shoulders, and bilateral hands. Examination reveals swelling and erythema and decreased movement of the right thumb and pain to the left hand and fingers. The injured worker's pain level was rated a 6 out of 10 at its least with her medication regimen and a 7 out of 10 at its worst with her medication regimen. The injured worker's pain level was rated an 8 out of 10 at its least and worst without her medication regimen. The treating physician noted that the injured worker is confined to her house and is resting or reclining at 50 to 75% of the day. The treating physician requested an evaluation and treatment with pain psychologist for implantables with the treating physician noting that the injured worker has reviewed information for a spinal cord stimulator and would like to proceed with the process for implantation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation and treatment with pain psychologist for implantables: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines spinal cord stimulator and psychological evaluation Page(s): 101.

Decision rationale: According to the guidelines, a psychological evaluation is recommended prior to placement of an SCS. In this case, the claimant had CPRS which was causing persistent pain and recumbency. The plan for an SCS implant required initial evaluation by psychology. The request is medically necessary and appropriate.