

Case Number:	CM15-0149764		
Date Assigned:	08/13/2015	Date of Injury:	07/17/2009
Decision Date:	09/25/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/03/2015

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: California

Certification(s)/Specialty: Psychologist

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 49 year old male, who sustained an industrial injury on 7-17-2009. Diagnoses include lumbar post laminectomy syndrome, right lower extremity radiculopathy, reactive depression and anxiety, history of left chip avulsion fracture, left ankle, neurogenic bladder, erectile dysfunction, obesity, right femur status post open reduction internal fixation (ORIF) (1-04-2013) and medication induced gastritis. Treatment to date has included surgical intervention (lumbar interbody fusion, 2010) as well as conservative measures including diagnostics, medications, physiotherapy and spinal injections. Current medications include Norco and Dilaudid. Per the Follow-up Pain management Consultation dated 7-02-2015, the injured worker reported ongoing debilitating pain in his lower back radiating down both lower extremities, right greater than left. He reports 50% pain relief with his current medication regimen. Physical examination of the posterior lumbar musculature revealed tenderness to palpation bilaterally with increased muscle rigidity. There were numerous trigger points which were palpable and tender throughout the lumbar paraspinal muscles. He had obvious muscle guarding with range of motion. The plan of care included trial of a lumbar spinal cord stimulator and authorization was requested for psych clearance body part: lumbar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary - Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two: Behavioral Interventions, Psychological Evaluation, Pages 100 -101. See also Psychological Evaluations IDDS and SCS.

Decision rationale: 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. A request was made for psych clearance, the request was noncertified by utilization review which provided the following rationale for its decision: "the claimant has psychological clearance and a trial of spinal cord stimulator could be an option. However, there is no indication for additional psych clearance. On the clinical information submitted for this review and discussion of the case with the treating physician recommendation is for non-certification for the requested psych clearance." This IMR will address a request to overturn the utilization review decision. Psychological evaluation and clearance prior to spinal cord stimulator trial is recommended and supported in the MTUS as an appropriate intervention. According to a follow pain management consultation review of medical records request for authorization from July 2, 2015 by the patient's primary treating physician it is noted that: "Conservative treatment has been exhausted 6 years after the date of his injury. The patient is not a surgical candidate at this point and needs to progress to the permanent and stationary status which is desired by all parties involved. Spinal cord stimulation is our best solution. Psychologically has been provided by [REDACTED] on July 2, 2015." It is also noted in the treatment plan section in both letters that "[REDACTED], a clinical psychologist cleared the patient undergo the spinal cord stimulation procedure in his evaluation of July 2, 2015." At this juncture, the psychological clearance issue appears to be resolved and this request for psychological clearance appears to be redundant and therefore the utilization review determination for non-certification is upheld. This request is not medically necessary.