

Case Number:	CM15-0180902		
Date Assigned:	09/22/2015	Date of Injury:	05/26/2006
Decision Date:	11/03/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/14/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 61-year-old male, who sustained an industrial injury on 5-26-06. The documentation on 8-26-15 noted that the injured worker has complaints of low back and bilateral lower extremity pain. The injured worker rates his pain 8-9 out of 10 and 6 out of 10 after the use of norco for several hours. Lumbar spine examination revealed range of motion is restricted with flexion limited to 20 degrees and extension limited to 25 degrees; on palpation, paravertebral muscles, in noted on both the sides and spinous process tenderness is noted on L5 and L5. The diagnoses have included lumbago; chronic pain syndrome and facet syndrome. Treatment to date has included injection to knee with some relief; right knee arthroscopy times two; left forearm surgery times two and lumbar fusion and back brace. The 8-26-15 visit note has current medications listed for norco; docusate sodium; flexeril; tramadol; acetadryl; ibuprofen; effexor; omeprazole; lidocaine ointment; atenolol; hydralazine; hydrochlorothiazide; lisinopril and voltaren eye drops. The original utilization review (9-4-15) non-certified the request for psych evaluation (for spinal cord stimulator trial) and spinal cord stimulator trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych evaluation (for SCS Trial): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, Psychological evaluations, Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators), Psychological treatment, Weaning of Medications.

Decision rationale: The MTUS Guidelines strongly recommend the identification and management of coping skills, describing these elements as often being more important to the treatment of pain than the ongoing medications used. When there is documented evidence of functional improvement, psychotherapy sessions should be continued. The submitted and reviewed documentation indicated the worker was experiencing pain in the lower back, left thigh, both feet and ankles, and the left wrist. While psychologic assessment is often helpful before considering treatment with a spinal cord stimulator, there was, no suggestion the worker had a condition requiring this type of treatment that is strongly supported by the literature. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a consultation by an unspecified "psych" specialist before a spinal cord stimulation trial is not medically necessary.

Spinal cord stimulator trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Rosenquist EWK, et al. Overview of the treatment of chronic pain. Topic 2785, version 52.0. UpToDate, accessed 10/30/2015.

Decision rationale: The MTUS Guidelines are silent on this issue. Spinal cord stimulation involves an implanted device that effects how some nerves respond to pain. The literature supports its use after an appropriate temporary screening trial in some cases of neuropathic pain that is related to a nerve or nervous system injury, failed back surgery syndrome, and type 1 chronic regional pain syndrome. The submitted and reviewed documentation indicated the worker was experiencing pain in the lower back, left thigh, both feet and ankles, and the left wrist. There was no discussion suggesting any of the above conditions were occurring or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a spinal cord stimulator trial is not medically necessary.