

<b>Case Number:</b>	CM15-0203843		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	05/23/2013
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	10/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### 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 56 year old female, who sustained an industrial injury on 5-23-13. The injured worker was diagnosed as having wrist pain, hand pain, numbness and tingling in the hands, myalgia, and chronic pain syndrome. Treatment to date has included physical therapy, a home exercise program, and medication including Norco, Cymbalta, Omeprazole, Gabapentin, and Voltaren gel. Physical examination findings on 10-1-15 included tenderness to palpation at the left medial epicondyle and mild swelling. Left shoulder and elbow strength was noted to be 5 of 5. Sensation was intact in the upper extremities. Phalen's test was positive and Tinel's sign was positive for the left wrist and elbow. On 10-1-15, the injured worker complained of left elbow and wrist pain with associated numbness rated as 9 of 10 without medication and 6 of 10 with medication. On 10-6-15 the treating physician requested authorization for psych clearance for a spinal cord stimulator trial. On 10-13-15 the request was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psych clearance for SCS Trial: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand (Acute & Chronic).

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

**Decision rationale:** The MTUS section on Psychological evaluations, for IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators) states they are "Recommended pre-intrathecal drug delivery systems (IDDS) and spinal cord stimulator (SCS) trial." The matter is addressed in more detail in the MTUS section on Psychological Evaluations, Citation Summary: 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. Decision: A request was made for psych clearance for SCS trial; the request was non-certified by utilization review which provided the following rationale for its decision: "However the patient's diagnosis of ulner neuropathy does not fit in with the above. Thus, the psych evaluation is not medically necessary and is recommended for non-certification." This IMR will address a request to overturn the utilization review decision. The MTUS guidelines do support the use of a psychological evaluation prior to spinal cord stimulator trial. This review is to address the issue of a spinal cord stimulator evaluation and the question of whether or not the spinal cord stimulator itself is appropriate and medically necessary is beyond the scope of this review and will not be considered as a part of it. Utilization review determined that the spinal cord stimulator is not medically necessary and therefore the psychological evaluation is not needed. The MTUS guidelines clearly support the use of psychological evaluation for spinal cord stimulator surgery. In this case, the medical records reflect that the spinal cord stimulator does not appear to have been authorized as of yet. The medical records do contain clear indications that the requesting physician is trying to obtain authorization for the spinal cord stimulator but that the request itself has not yet been approved as far as could be determined. Although a psychological evaluation for clearance for spinal cord stimulator trial is entirely appropriate for this patient in the context of a pending and upcoming SCS trial, the spinal cord stimulator surgical trial needs to be approved prior to the psychological evaluation. Otherwise this request appears an evaluation for a procedure that is not authorized. In the absence of clear indications of approval for a SCS evaluation, the psych eval is not indicated as medically necessary as the

procedure may, or may not be eventually approved. Therefore because the medical necessity the request is not established, the utilization review decision with regards to a psychological clearance for spinal cord stimulator trial is upheld. Again it should be noted that this in no way reflects upon the decision on whether or not a spinal cord stimulator trial should be, or not, provided only that the request for the psychological clearance is not medically necessary until authorization for the actual procedure has been obtained.