

<b>Case Number:</b>	CM15-0031883		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	08/12/2009
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 44 year old female, who sustained an industrial injury on August 12, 2009. She reported a left foot injury. The injured worker was diagnosed as having chronic pain syndrome, complex regional pain syndrome/reflex sympathetic dystrophy, and neuralgia/neuritis. Treatment to date has included physical therapy, chiropractic therapy, injection therapy, surgery, electrodiagnostic studies, and medications including pain, anti-epilepsy, muscle relaxant, and antidepressant. On January 21, 2015, the injured worker complains of constant, intermittent, severe left foot pain radiating down the left ankle to the toes. Associated symptoms include numbness, tingling, and weakness in the left leg and foot. The physical exam revealed she walks with a limp, unable to toe and heel walk, and is neutral in coronal and sagittal planes. There was no lumbosacral tenderness, no limitation of range of motion, and no tenderness to palpation along the sacroiliac joint and greater trochanter. There is scarring in the left lower extremity, mild allodynia in the medial aspect, and weakness below the knee. The straight leg test and Patrick maneuver was negative. Strength and sensation were normal in the right lower extremity. The treatment plan includes a psychological evaluation prior to a spinal cord stimulator trial, as she has continued pain despite conservative therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychological evaluation, testing, prolonged face time, and record review:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Indications for stimulator implantation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127.

**Decision rationale:** According to the 01/21/2015 report, this patient presents with "constant, intermittent pain that is severe in the left foot, radiates down her left ankle to left toes." The current request is for Psychological evaluation, testing, prolonged face time, and record review. The request for authorization is on 01/21/2015 and the patient's work status is "continue permanent and stationary restrictions." Regarding consultations, ACOEM states that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, the treater does not explain why a psychological evaluation and ongoing pain psychology assistance are needed. In this case, there is no mention of any psychological issues such as anxiety, depression, and how the patient is struggling with chronic pain to benefit from psychological evaluation. However, the treating physician is requesting authorization for a Psychological evaluation to determine if the patient is a candidate for the Spinal cord stimulation trial and to fulfill the requirement for a SCS trial. Therefore, the request for a Psychological evaluation IS medically necessary.

**Spinal cord stimulation trial:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Indications for stimulator implantation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines spinal cord stimulator Page(s): 105-107.

**Decision rationale:** According to the 01/21/2015 report, this patient presents with "constant, intermittent pain that is severe in the left foot, radiates down her left ankle to left toes." The current request is for Spinal cord stimulation trial. The request for authorization is on 01/21/2015 and the patient's work status is "continue permanent and stationary restrictions." Regarding spinal cord stimulator, MTUS guidelines pages 105-107 "Recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions," such as failed back syndrome, Complex Regional Pain Syndrome (CRPS)/Reflex sympathetic dystrophy (RSD), Post amputation pain, Spinal cord injury dysesthesias, pain associated with multiple sclerosis and peripheral vascular disease. Review of the provided reports show that the patient is diagnosed with Complex regional pain syndrome/reflex sympathetic dystrophy. However, the treating physician does not document that the patient had a "psychological clearance indicates realistic expectations and clearance for the procedure" as required by the ODG guidelines. Therefore, the current request IS NOT medically necessary.