

<b>Case Number:</b>	CM15-0035135		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	03/29/2004
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 29, 2004. In a Utilization Review Report dated February 12, 2015, the claims administrator failed to approve a request for a spinal cord stimulator trial and associated psychological clearance. The applicant had undergone earlier failed lumbar spine surgery in 2006, it was incidentally noted. The claims administrator based its decision, in large part, on non-MTUS Third Edition ACOEM Guidelines and non-MTUS ODG Guidelines. A progress note and associated RFA form of February 5, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On February 12, 2015, a psychological consultation was apparently endorsed. The applicant was given a primary diagnosis of chronic low back pain status post failed lumbar laminectomy. On February 3, 2015, the applicant stated that he was intent on pursuing a spinal cord stimulator trial in an effort to try and diminish opioid consumption. The applicant was using OxyContin and oxycodone for pain relief. The applicant had apparently developed seizure while using tramadol. The applicant's complete medication list included Elavil, Celexa, Ambien, Lipitor, OxyContin, oxycodone, and Zanaflex. A spinal cord stimulator trial and psychological consultation were proposed. Permanent work restrictions were renewed. It was stated that the applicant had issues with having lost medications while traveling for employment purposes. The remainder of the file was surveyed. There was no evidence that the applicant had in fact undergone the psychological evaluation at issue.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal cord stimulator trial:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators); Indications for stimulator implantation Page(s): 101; 107.

**Decision rationale:** No, the proposed spinal cord stimulator trial was not medically necessary, medically appropriate, or indicated here. While page 107 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that one of the primary indications for spinal cord stimulator implantation is failed back syndrome, i.e., the diagnosis reportedly present here, this recommendation is, however, qualified by commentary made on page 101 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that psychological evaluations are recommended prior to receipt of a spinal cord stimulator trial. In this case, however, there is no evidence that the applicant had in fact received the prerequisite precursor psychological evaluation either before or after the date of the request. Therefore, the request was not medically necessary.

**Psych clearance:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators) Page(s): 101.

**Decision rationale:** Conversely, the request for a psychological evaluation was medically necessary, medically appropriate, and indicated here. As noted on page 101 of the MTUS Chronic Pain Medical Treatment Guidelines, psychological evaluation is recommended prior to pursuit of a spinal cord stimulator trial. Here, the applicant does have longstanding chronic pain issues. Assessing the presence or absence of psychiatric or psychological comorbidities was, thus, indicated prior to pursuit of the spinal cord stimulator trial at issue. Therefore, the request was medically necessary.