

<b>Case Number:</b>	CM15-0049771		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	02/07/2005
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 38 year old male injured worker suffered an industrial injury on 02/07/2005. The diagnoses included right lower extremity radiculopathy with numbness and weakness, failed back surgery syndrome, lumbar displacement of intervertebral disc without myelopathy, right sciatica and cervicobrachial syndrome. The diagnostics included lumbar magnetic resonance imaging and electromyographic studies. The injured worker had been treated with lumbar discectomy, chiropractic therapy, acupuncture medications and physical therapy. On 10/14/2015 and 10/21/2015 the treating provider reported complaints of moderate to severe constant lower back pain rated at 8/10 that radiated to the right buttocks, right calf, right foot, right hip, right thigh, and right toes. He complained of post-traumatic depression and anxiety. On exam there was persisting weakness in the right knee extension. The treatment plan included Psychological Evaluation for trail spinal cord stimulator.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychological Evaluation for trail SCS:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain, Psychological evaluations.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychology Evaluation Page(s): 101.

**Decision rationale:** The California MTUS section on spinal cord stimulator states: "Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators) Recommended pre-intrathecal drug delivery systems (IDDS) and spinal cord stimulator (SCS) Trial." If a spinal cord stimulator is being considered for treatment of the patient, a psychological evaluation is recommended and the request is medically necessary.