

Case Number:	CM15-0049970		
Date Assigned:	03/23/2015	Date of Injury:	04/11/2003
Decision Date:	05/01/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/17/2015

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, Pain Management

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 (IW) is a 43-year-old female who sustained an industrial injury on 04/11/2003. Diagnoses include spasm of muscle, lumbago and unspecified myalgia and myositis. Treatment to date has included medications, ice/heat, chiropractic care, acupuncture, TENS, physical therapy and home exercise program. Diagnostics performed to date were not included in the documentation reviewed. According to the PR2 dated 2/19/15, the IW reported back pain rated 7/10. She reported increased back pain due to decreased medication after peer review. The IW had lost approximately 20 pounds in a few months. She was working full time, but it was becoming more difficult due to pain levels increasing with less medication. A psychological consult for spinal cord stimulator trial was requested for pain control and reduction of opioid medications. A progress report dated April 16, 2015 indicates that the patient needs to be able to do moderate to heavy lifting and carrying with frequent bending and stooping for her job. High-dose opiates have reduced her pain but the pain has increased as we have decreased her medication. Objective findings revealed tenderness over the cervical and thoracic paraspinal muscles.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) psych consult for spinal cord stimulator trial: Upheld

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 9792.20-9792.26, Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators) Page(s): 101, 105-107 of 127.

Decision rationale: Regarding the request for psych consult for spinal cord stimulator trial, Chronic Pain Medical Treatment Guidelines state that spinal cord stimulators are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. Guidelines support the use of spinal cord stimulators for failed back surgery syndrome, complex regional pain syndrome, neuropathic pain, post amputation pain, and post herpetic neuralgia. Guidelines recommend psychological evaluation before proceeding with spinal cord stimulator therapy. Within the documentation available for review, there is no documentation that all reasonable invasive procedures have failed or would be unexpected to help in this particular case. Additionally, guideline support spinal cord stimulators for neuropathic pain, and there is no recent documentation of any findings or diagnoses of neuropathic pain. Finally, the patient needs to bend or stoop and perform heavy lifting for her job, and it is unclear how she would be able to manage this, following implantation of a spinal cord stimulator, which generally requires the avoidance of those activities for at least 3 months. In the absence of clarity regarding those issues, the currently requested psych consult for spinal cord stimulator trial is not medically necessary.