MAXIMUS Federal Services

Case Number:	CM15-0052146		
Date Assigned:	03/25/2015	Date of Injury:	06/19/2003
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/19/2015

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 54-year-old who has filed a claim for chronic low back and neck pain reportedly associated with an industrial injury of June 19, 2003. In a Utilization Review report dated February 27, 2015, the claims administrator failed to approve a request a psychological and psychiatric clearance evaluation and an intrathecal pain pump trial. The claims administrator referenced a progress note dated February 10, 2015 in its determination. The applicant's attorney subsequently appealed. In a March 10, 2015 office visit, the applicant reported ongoing complaints of low back pain radiating into the left leg, 5-6/10 with medications versus 7-8/10 without medications. The applicant reported that walking, standing, and driving, all remained problematic. The applicant was disabled, the treating provider acknowledged, and had last worked in 2003. MS Contin, immediate release morphine, Skelaxin, Prilosec, Zofran, Cymbalta, Colace, Lidoderm, and Provigil were endorsed. An intrathecal pain pump and a precursor neuropsychological evaluation were endorsed. The claimant was described as having persistent complaints of low back pain status post earlier failed lumbar laminectomy surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

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: Yes, the request for a psychological clearance was medically necessary, medically appropriate, and indicated here. As noted on page 101 of the MTUS Chronic Pain Medical Treatment Guidelines, psychological evaluations are recommended pre-intrathecal drug delivery system and spinal cord stimulator trial implantation. Here, the applicant is apparently pending an intrathecal pain pump implantation, the treating provider reported. Obtaining a precursor psychological evaluation was, thus, indicated. Therefore, the request is medically necessary.

Pump trial with fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable drug-delivery systems (IDDSs) Page(s): 107.

Decision rationale: Conversely, the request for an intrathecal pain pump trial with fluoroscopic guidance was not medically necessary, medically appropriate, or indicated here. As noted on page 54 of MTUS Chronic Pain Medical Treatment Guidelines, a precursor psychological evaluation is a prerequisite to pursuit of an implantable drug delivery system trial. Here, however, the applicant had apparently not received a precursor psychological evaluation prior to the intrathecal pain pump trial being initiated. Therefore, the request is not medically necessary.