

Case Number:	CM15-0053452		
Date Assigned:	03/26/2015	Date of Injury:	08/31/2011
Decision Date:	05/01/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/20/2015

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: 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 injured worker is a 60-year-old female, who sustained an industrial injury on August 31, 2011. She reported cumulative trauma. The injured worker was diagnosed as having ankle joint pain, closed fracture of fibula, lumbar disc disorder, and radiculopathy of lumbar spine. Treatment to date has included medications, urine drug screening, and back surgery. On January 02, 2015, she is seen for pain management follow up for continued right ankle pain. The treatment plan included: request for dorsal column stimulator implant trial. The records indicate she reports having a 30% reduction in pain with her current medication regimen. The request is for a psychology clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychology 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 Psychology Evaluation Page(s): 101.

Decision rationale: The California MTUS section on psychological evaluations and spinal cord stimulators states: Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cordstimulators) - recommended pre-intrathecal drug delivery systems (IDDS) and spinal cord stimulator (SCS) trial. If SCS is being considered, psychological evaluation prior to trial is recommended and thus the request is medically necessary.