

<b>Case Number:</b>	CM15-0057055		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	05/16/2012
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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 58 year old male, who sustained an industrial injury on 05/16/2012. He reported injury to the low back with left lower extremity pain. Treatment to date has included physical therapy, acupuncture, CT (computed tomography) scan and x-rays of the left ankle and foot and narcotic pain medications. According to a progress report dated 03/02/2015, the injured worker was seen for low back pain. Pain was rated 8 on a scale of 1-10. Current medications included Gabapentin, Tramadol, Finasteride, Simvastatin, Omeprazole and Nortriptyline HCL. The assessment was noted as reflex sympathetic dystrophy of the lower limb, back pain lumbar, thoracic/lumbosacral neuritis/radiculitis unspecified and degenerative lumbar/lumbosacral intervertebral disc. The treatment plan included lumbar sympathetic blocks, psychological clearance for spinal cord stimulator trial and podiatry consultation for evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychological evaluation for surgical clearance (SCS) Trial:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 101. 105-7.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines spinal cord stimulator.

**Decision rationale:** The California MTUS section on spinal cord stimulator trial does recommend psychological clearance prior to placement. However, in this case the spinal cord stimulator trial has been denied. Therefore, the need for psychological clearance is not medically necessary and the request is not medically necessary.