

<b>Case Number:</b>	CM15-0058984		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	02/20/2008
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### 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

### 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 49-year-old female who sustained an industrial injury on 2/20/08. The injured worker reported symptoms in the back as well as symptoms of depression and anxiety. The injured worker was diagnosed as having major depressive disorder, adjustment disorder with anxiety and occupational stressors. Treatments to date have included anti-inflammatory medication, physical therapy, injections, ice/heat application, transcutaneous electrical nerve stimulation unit, activity modification, cane, muscle relaxants, brace, Occupational Therapy, chiropractic treatments. Currently, the injured worker complains of back pain as well as symptoms of depression and anxiety. The plan of care was for spinal cord stimulator and a follow up appointment at a later date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow-up with psychiatry:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Follow-up visit.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127.

**Decision rationale:** The patient presents on 01/26/15 with unrated lower back and associated depression, anxiety, and functional loss secondary to injury. The patient's date of injury is 02/20/08. Patient has no documented surgical history directed at this complaint. The request is for Follow-Up With Psychiatry. The RFA was not provided. The documentation provided does not include any progress reports, only two AME reports dated 10/14/14 and 01/26/15 with no physical findings, only a detailed discussion of injury history, treatments to date, and psychological evaluation. The patient's current medication regimen was not provided. Diagnostic imaging was not included. Patient's current work status is not provided. MTUS Chronic Pain Medical Treatment Guidelines page 100-101 for Psychological evaluations, states these are recommended for chronic pain problems. ACOEM page 127 states: Occupational home practitioner may refer to other specialist if the diagnosis is uncertain or extremely complex. When psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In regard to what appears to be a consultation with a psychiatrist, the request is reasonable. No progress notes are provided, though AME dated 01/26/15 reveals that this patient has a significant history of depression and psychological complaints secondary to her lower back pain. MTUS guidelines support psychiatric evaluation and treatment for chronic pain, and ACOEM guidelines indicate that providers are justified in seeking additional expertise in cases where the course of care could benefit from a specialist. In this case, a consult with a psychiatrist could produce significant benefits for this patient. Furthermore, it appears that this consultation was to satisfy MTUS requirements of a psychiatric evaluation prior to spinal cord stimulator trial. The request is medically necessary.

**Spinal cord stimulator:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines spinal cord stimulation Page(s): 105-107. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

**Decision rationale:** The patient presents on 01/26/15 with unrated lower back and associated depression, anxiety, and functional loss secondary to injury. The patient's date of injury is 02/20/08. Patient has no documented surgical history directed at this complaint. The request is for Spinal Cord Stimulator. The RFA was not provided. The documentation provided does not include any progress reports, only two AME reports dated 10/14/14 and 01/26/15 with no physical findings, only a detailed discussion of injury history, treatments to date, and psychological evaluation. The patient's current medication regimen was not provided. Diagnostic imaging was not included. Patient's current work status is not provided. MTUS Chronic Pain Treatment Guidelines page 105 to 107, under spinal cord stimulation, states: Recommended

only for selected patients in cases when less invasive procedures have failed or contradicted for specific conditions and following a successful temporary trial. Indications for stimulator implantation are failed back syndrome, CRPS, post amputation pain, post herpetic neuralgia, spinal cord injury dysesthesia, pain associated with multiple sclerosis and peripheral vascular disease. MTUS page 101 also requires psychological evaluation prior to spinal cord stimulator trial." ACOEM page 127 states: Occupational home practitioner may refer to other specialist if the diagnosis is uncertain or extremely complex. When psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, the current request is for a spinal cord stimulator. The MTUS guidelines require a psychological evaluation prior to a spinal cord stimulator trial. The patient has not yet received a psychological evaluation clearing them for trial and the current request is not for a trial but simply states, "Spinal Cord Stimulator." Once this patient has cleared a psychological evaluation they may then be a candidate for a SCS trial. However, since the request as written has not met MTUS criteria, the medical necessity cannot be substantiated. The request is Not medically necessary.