

Case Number:	CM15-0087058		
Date Assigned:	05/11/2015	Date of Injury:	11/01/2000
Decision Date:	06/12/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/06/2015

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: Psychologist

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 53 year old female who sustained an industrial injury on 11/1/2000. Her diagnoses, and/or impressions, are noted to include: a herniated lumbar nucleus pulpus. No current imaging studies are noted. Her treatments have included pain management, request and authorization for spinal cord stimulation implantation; and rest from work. Progress notes of 11/11/2014 are hand written and difficult to read, but noted were complaints of increased low back pain which shoots down to the left leg with tightness, stiffness and weakness. The objective findings were noted to include spasms and tenderness; pain with flexion; and left great toe weakness. The physician's requests for treatments were noted to include a Psyche consult prior to the implantation of the spinal cord stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych Evaluation and Treatment with 7 Units: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress and Mental Chapter, Cognitive Behavioral Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations for IDS and SCS Page(s): 101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter Psychological evaluations, IDDS & SCS.

Decision rationale: Based on the review of the medical records, the treating physician requested a psychological evaluation beginning November 2014 prior to a spinal cord stimulator trial. It does not appear that an evaluation was ever conducted prior to the February 2015 trial. Since that trial, it has been recommended that the injured worker receive a permanent SCS for which a psychological evaluation and follow-up treatment has been recommended and is the basis for the request under review. The CA MTUS and the ODG both recommend psychological evaluations prior to a spinal cord stimulator trial. However, the request follow-up services is premature. Without a thorough evaluation, the need for any additional services cannot be fully determined. As a result, the request for a psych evaluation and treatment with 7 units is not medically necessary.