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| Case Number: | CM14-0163180 | | |
| Date Assigned: | 10/08/2014 | Date of Injury: | 01/02/2014 |
| Decision Date: | 11/07/2014 | UR Denial Date: | 09/26/2014 |
| Priority: | Standard | Application Received: | 10/03/2014 |

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. The expert reviewer is licensed in clinical psychology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the medical records that were provided for this review the patient is a 38 year and 11 months old male who reported a work-related injury on January 2, 2014 that occurred while he was lifting a tire during his normal work duties for [REDACTED]. He felt a sharp pain in his low back and did not reported it for a few days because he hoped it would go away over the weekend, but it did not. He has been diagnosed with lumbar strain. There is continued low back pain with radiation to the left calf and radiating down the left lower extremity. Prior treatments have included conventional medical treatment, acupuncture, physical therapy, and medications including opiate pain medication and NSAID. He has a large L4-5 extruded disc with foraminal stenosis bilaterally and significant lumbar radiculopathy to the point of incapacitation. He is status post micro discectomy May 2014. He continues post-surgery to report significant left leg pain and continues to take opiate medication. The physician reported that he is concerned about the amount of pain post-surgery he has. The patient has expressed that he is opposed to having a repeat surgery at this point in time. There is consideration of a spinal cord stimulator trial. Physician treatment notes from October 2014 states: "he has lumbar disc prolapse and radiculopathy I really believe that he should be seen by a pain management specialist. This is currently undergoing appeal." A request was made for a psychological evaluation, and the request was non-certified. The utilization review the utilization review rationale for non-certification was stated as: "there is documentation of a plan for psychological clearance for a spinal cord stimulator trial. In addition, there is documentation of at least one previous back operation, symptoms are primarily lower extremity radicular pain; and there has been limited response to non-interventional care (medication). However, there is no documentation patient is not a candidate for repeat surgery and there it has been limited response to additional non-interventional care (injections and physical therapy). Furthermore, there is no

documentation that there is no current evidence of substance abuse issues and there is no contraindications to a trial."

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychology Consultation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Two: Behavioral Interventions, Psychological Evaluations, See also psychological evaluations, ID.

Decision rationale: According to the MTUS psychological evaluations are generally accepted, well-established diagnostic procedures not only with selective use in pain problems, but with more widespread use in chronic pain populations. Diagnostic evaluation should distinguish between conditions that are pre-existing, aggravated by the current injury or work-related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. Furthermore, specifically with regards to a spinal cord stimulator, the MTUS guidelines state: "recommended free IDDS and spinal cord stimulator trial." The patient has been undergoing conservative medical treatments since his injury in January 2014 including a recent surgical intervention. At this juncture his pain has plateaued and a he is no longer showing signs of improvement and he is showing signs of delayed recovery. Patient is willing to consider a spinal cord stimulator and his treating physician has stated very clearly that there is a need for psychological pain management treatment and evaluation. The request for a psychological evaluation is reasonable and medically necessary at this juncture and the justification for the procedure is adequate based on the lack of progress from conventional medical treatments and that a spinal cord stimulator is being considered the MTUS guidelines are clear that it is a recommended free surgical intervention. The request is medically necessary.