

Case Number:	CM14-0215604		
Date Assigned:	01/05/2015	Date of Injury:	12/17/1999
Decision Date:	02/24/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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 (IW) is a 60 year-old female (██████████) with a date of injury of 12/17/1999. The IW sustained injury to her back and shoulder while working as a customer service manager for ██████████. She has been diagnosed with: Reflex sympathetic dystrophy of upper limb; Pain in joint, shoulder region; Cervicalgia; Degenerative cervical intervertebral disc disease; and Displacement of cervical intervertebral disc without myelopathy. The request under review is for a psychological evaluation for clearance for a SCS trial. The request was denied by UR on 12/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological evaluation for SCS clearance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cordstimulat.

Decision rationale: In his 12/9/2014 report, the provider discusses the IW's shoulder pain. There is no mention of the IW's cervical injury, nor any discussion regarding the need for a spinal cord stimulator trial. Although the IW has been treated for her back injury, the most recent, thorough discussion of the injury was back in September 2014. Although a psychological evaluation for clearance for a SCS trial is recommended, it does not appear necessary at this time given the insufficient documentation to substantiate the request.