MAXIMUS Federal Services

| Case Number: | CM15-0014703 | | |
|---|---|---|---|
| Date Assigned: | 02/02/2015 | Date of Injury: | 12/10/2005 |
| Decision Date: | 03/30/2015 | UR Denial Date: | 01/16/2015 |
| Priority: | Standard | Application Received: | 01/26/2015 |

## 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, Washington
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

## 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 59-year-old male who reported an injury on 12/10/2005. The mechanism of injury was the injured worker was walking when a coworker was passing by with a forklift and struck the injured worker in the left knee. The injured worker underwent electrodiagnostic studies and a lumbar CT. prior treatments and studies additionally included epidural steroid injections; an MRI of the lumbar spine; posterior lumbar interbody fusion at L4-5 followed by 24 visits of postoperative physical therapy and 12 visits of aquatic therapy in 2013; a heating pad; a left knee ultrasound; an MRI of the Left Knee; 24 visits of physical therapy for the left knee; left knee injections; medications; and a cane. There was a Request for Authorization submitted for review for the psychological evaluation for spinal cord stimulator clearance, dated 01/09/2015. The documentation of 12/15/2014 revealed the injured worker had complaints of constant pain in the left knee, increased with walking, standing, flexing, extending, and climbing or descending stairs. The physical examination revealed decreased range of motion from the low back in all planes. The injured worker had trigger points in the bilateral paraspinous and buttocks musculature. The injured worker had normal range of motion in the lower extremities. The injured worker had deep tendon reflexes of 2+ that were equal at the knees and only trace positive at the ankles. Straight leg raise test was equivocal on the right and positive on the left, and toes were down going. The diagnoses included postlaminectomy syndrome. The physician recommended a 2 week trial of a spinal cord stimulator. The subsequent documentation of 12/18/2014 revealed the injured worker was not interested in a spinal cord stimulator trial and was interested in Monovisc injections.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychological Evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 101.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 101.

**Decision rationale:** The California Medical Treatment Utilization Schedule indicate that spinal cord stimulators are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. It further indicates that for stimulator implantation an injured worker should have the diagnosis of failed back syndrome with persistent pain in patients who have undergone at least one back surgery. Additionally, it recommends a psychological evaluation for a spinal cord stimulator (SCS) trial. The clinical documentation submitted for review indicated the injured worker was not interested in a spinal cord stimulator. As such, this request is not medically necessary. Given the above, and the lack of additional documentation, the request for a psychological evaluation is not medically necessary.

**Two week Spinal cord Stimulator trial with 2 leads:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord Stimulators Page(s): 105-107. Decision based on Non-MTUS Citation Official Disabiltiy Guidelines- Pain chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators, Spinal Cord Stimulator Page(s): 105, 106.

**Decision rationale:** The California Medical Treatment Utilization Schedule indicate that spinal cord stimulators are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. It further indicates that for stimulator implantation an injured worker should have the diagnosis of failed back syndrome with persistent pain in patients who have undergone at least one back surgery. Additionally, it recommends a psychological evaluation for a spinal cord stimulator (SCS) trial. The clinical documentation submitted for review indicated the injured worker was not interested in a spinal cord stimulator. As such, this request is not medically necessary. Given the above, and the lack of additional documentation, the request for a 2 week spinal cord stimulator trial is not medically necessary.