

Case Number:	CM15-0129601		
Date Assigned:	07/16/2015	Date of Injury:	01/04/2013
Decision Date:	08/11/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/06/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 01/04/13. Initial complaints and diagnoses are not available. Treatments to date include medications and cervical fusion. Diagnostic studies are not addressed. Current complaints include neck and right shoulder pain. Current diagnoses include cervical radiculopathy, multiple contusions, thoracic spondylosis, neuralgia, neuritis, and radiculitis, rotator cuff, fibromyalgia/myositis, shoulder joint pain and bursitis. In a progress note dated 06/11/15 the treating provider reports the plan of care as a spinal cord stimulator trial and medications including Aceta-Codeine, cyclobenzaprine, diclofenac, Prilosec, and Zoloft. The requested treatments include a psychological evaluation for spinal cord stimulator placement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological evaluation for appropriateness of spinal cord stimulator trial on 6/19/15 from [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 105. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines psychological evaluation Page(s): 101.

Decision rationale: The California MTUS section on psychological evaluation and SCS states: Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators) recommended pre-intrathecal drug delivery systems (IDDS) and spinal cord stimulator (SCS) trial. While the evaluation is recommended, the clinical records show the procedure has been denied for SCS trial and therefore there is no medical need for this request and it is not medically necessary.