

<b>Case Number:</b>	CM15-0064153		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	11/01/2000
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2015

### 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: Physical Medicine & Rehabilitation

### 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 11/01/2000. Current diagnosis includes lumbar herniated nucleus propulsus. Previous treatments included medication management, back surgery, nerve root blocks, and spinal cord stimulator trial. Initial complaints included right leg and low back pain following a motor vehicle accident. Report dated 03/03/2015 noted that the injured worker presented with no changes, noting that the temporary implant made the symptoms feel better. Pain level was not included. Physical examination was positive for unchanged abnormal findings. The treatment plan included request for permanent dorsal implant as the injured worker had significant relief with temporary implant. Previous documentation indicates that the need for the psych evaluation is due to a request for a spinal cord stimulator implantation to rule out organic disease prior to the implant. Disputed treatment includes a psych evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psych evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS), pages 105-107 & Psychological evaluations, Page 101-102.

**Decision rationale:** The patient sustained a low back injury with right lower extremity pain post MVA on 11/1/2000. Treatment has included conservative care, lumbar nerve blocks, and lumbar laminectomy with fusion in 2007. The patient continues to treat for chronic pain symptoms without progressive change or report of new injury. On 12/9/14, the provider suggested psych evaluation for the dorsal spinal stimulator. Three months subsequently, the spinal stimulator implant was non-certified on 3/23/15 noting patient with subjective benefit; however, without any functional improvement. MTUS guidelines state that spinal cord stimulators are only recommended for selected patients, as there are limited evidence of functional benefit and efficacy for those with failed back surgery syndromes. It may be an option when less invasive procedures are contraindicated or has failed and prior psychological evaluations along with documented successful trial are necessary prior to permanent placement for those patients with diagnoses of failed back syndrome; post-amputation pain; post-herpetic neuralgia; spinal cord dysesthesia/injury; confirmed CRPS; multiple sclerosis or peripheral vascular diseases. Submitted reports have not demonstrated support to meet these criteria and have not adequately demonstrated any failed conservative treatment, ADL limitations, or clear specific clinical findings, and functional benefit from SCS trial. The Psych evaluation is not medically necessary and appropriate.