

Case Number:	CM15-0067665		
Date Assigned:	04/15/2015	Date of Injury:	12/17/1999
Decision Date:	05/19/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/09/2015

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: 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 is a 60 year old female, who sustained an industrial injury on December 17, 1999. Treatment to date has included medications, diagnostic imaging, home exercise program and pool therapy. Currently, the injured worker complains of chronic severe left shoulder and arm pain. She reports that use of the left arm increases her shoulder pain and her sleep quality has been poor. Diagnoses associated with her request included pain in joint, shoulder region and reflex sympathetic dystrophy of the upper limb. Her treatment plan includes a continuation of her medications, home exercise program, consideration of spinal cord stimulator, gym/pool therapy and neurosurgical consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) psychological evaluation for spinal cord stimulator trial clearance: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations, IDDS & SCS Page(s): 101.

Decision rationale: Based on the review of the medical records, [REDACTED] recommended an SPS trial. Prior to the trial, it is recommended that individuals undergo a psychological evaluation/SCS trial clearance. Based on the CA MTUS recommendation, a psychological evaluation for spinal cord stimulator trial appears reasonable and medically necessary.