

Case Number:	CM15-0077102		
Date Assigned:	04/28/2015	Date of Injury:	07/24/2004
Decision Date:	05/28/2015	UR Denial Date:	04/18/2015
Priority:	Standard	Application Received:	04/22/2015

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 59-year-old male injured worker suffered an industrial injury on 07/24/2004. The diagnoses included sacroiliitis and failed low back surgery syndrome. The diagnostics included electromyographic studies. The injured worker had been treated with medications and spinal surgery. On 3/23/2015 the treating provider reported low back and bilateral lower extremity pain 7/10 without medications and 3/10 with medications. The injured worker is required to have a psychological evaluation prior to spinal cord stimulator trial. The treatment plan included Pain Psychology Consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Pain Psychology Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 398.

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, the injured worker had been recommended for a pain psychology consultation for a spinal cord stimulator trial since November 2014. It appears that there were several RFA's dated 11/24/14, 1/5/15, and 1/30/15 requesting this evaluation. Eventually, a pain psychology consultation was authorized in review #1119968 dated 2/21/15. As a result, the request under review for 1 pain psychology consult is a duplicate and not medically necessary.