

Case Number:	CM15-0092276		
Date Assigned:	05/18/2015	Date of Injury:	03/31/2003
Decision Date:	06/24/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/13/2015

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 70 year old male, who sustained an industrial injury on March 31, 2003. He reported low back pain. The injured worker was diagnosed as having lumbosacral spondylosis without myelopathy, failed back surgery syndrome, lumbar disc displacement, lumbar facet arthropathy, lumbar myospasm, and lumbar radiculopathy. Diagnostic studies to date have included CT, MRI, and discography. Treatment to date has included physical therapy, aquatic therapy, acupuncture, an interferential unit, a TENS unit, a cane, and oral and topical pain medications. On April 3, 2015, the injured worker complains of constant low back pain radiating to the bilateral legs, right greater than the left. Associated symptoms include right leg give-away weakness and severe electrical pain of the right leg to foot. His medication is not helping as much. The physical exam revealed palpable spasms of the bilateral lumbar paraspinal muscle and pain with palpation of lumbar 3-lumbar 4, lumbar 4-lumbar 5, and lumbar 5-sacral 1. There was palpable instability, decreased and painful lumbar range of motion, tenderness to palpation of the bilateral gluteus and lumbar paravertebral muscles, muscle spasms of the paravertebral muscles, pod bilateral sitting straight leg raise, and positive bilateral Kemp's and Braggard's. There was painful anesthesia of the right lumbar 5 and sacral 1 to pinwheel, and weakness of bilateral foot eversion, and right extensor hallucis longus (EHL) and knee extension. The bilateral sacral 1 deep tendon reflexes was absent. The treatment plan includes a psychological clearance/evaluation for a spinal cord stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) psychological clearance/evaluation for spinal cord stimulator as related to the lumbar spine injury: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Based on the review of the medical records, treating physician, [REDACTED], presents relevant and appropriate information regarding the need for a psychological clearance for a spinal cord stimulator trial. The CA MTUS recommends that there be a psychological clearance prior to the SCS trial. As a result, the request is medically necessary.