

Case Number:	CM13-0004678		
Date Assigned:	08/09/2013	Date of Injury:	02/13/2008
Decision Date:	01/10/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	07/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 date of injury in this case is 02/13/2008. The injured worker has a history of a C3-C6 laminectomy and posterior fusion, and also a C3-C6 anterior discectomy and fusion. The medical records provided for review and a prior physician review note that this patient has been diagnosed with cervical stenosis and myelopathy. The injured worker had a neurosurgery evaluation on 05/24/2013 due to a rapid decline and symptoms of specifically worsening bilateral hand and leg weakness, left greater than right, with worsening spasms. The injured worker has been taking multiple medications, including baclofen for spasms. A thoracic MRI from June 2013 showed scattered periventricular and subcortical white matter abnormalities consistent with the patient's age. MRIs of both the cervical and lumbar spine were pending as of the time of the prior peer review. The prior peer review noted that request for baclofen trial was for management of spasticity and related improvement in function rather than primarily related to pain. That reviewer certified a baclofen trial and a one-day inpatient rehab stay post procedure. The prior physician reviewer non-certified transportation and also non-certified items regarding follow-up and possible baclofen pump permanent implantation pending results of the trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation between CPMC and UCSF for trial procedure: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Policy Bulletins Number 0218, Home Health Aides Policy..

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Transportation Policy. .

Decision rationale: The Medicare policy regarding transportation states that transportation can be paid for only when patients are unable to utilize ordinary public or private conveyance. The medical records in this case do not provide a reason as to why this patient would not be able to travel in ordinary public conveyance, or why the patient would not be able to drive themselves.

Intrathecal baclofen pump placement: 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 Section on Implantable Drug Delivery Systems Page(s): 52.

Decision rationale: The Chronic Pain Medical Treatment Guidelines section on implantable drug delivery systems, page 52, states that these are, "Recommended only as an end-stage treatment alternative for selected patients with specific conditions indicated below, after failure of at least 6 months of less invasive methods and following a successful temporary trial." The medical records do support a temporary baclofen pump trial, which has been previously certified. However, a decision for a permanent placement and related followup would not be applicable until after determining the results of the temporary trial.

Consultation with a UCSF neurosurgeon regarding the intrathecal baclofen pump placement: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Consultation with Alta Bates neuro-rehabilitation the intrathecal baclofen pump placement: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Alta Bates neuro-rehab inpatient stay one times five regarding the intrathecal baclofen pump placement: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary, last updated 6/7/13..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Implantable Drug Delivery Systems Page(s): 52.

Decision rationale: This inpatient stay would be supported for placement of a temporary intrathecal unit as was previously certified, but not for permanent placement as that has not yet been certified.

Post-procedure follow-up evaluation with UCSF neurosurgeon: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Follow-up evaluation with Mary Owen, NP at USCF every 3-4 months for dose adjustments, pump refills, etc.: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: This inpatient stay would be supported for placement of a temporary intrathecal unit as was previously certified, but not for permanent placement as that has not yet been certified.