

Case Number:	CM13-0010584		
Date Assigned:	03/26/2014	Date of Injury:	10/12/1999
Decision Date:	05/28/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/12/2013

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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of October 22, 1999. Thus far, the claimant has been treated with the following: Analgesic medications; attorney representation; multiple lumbar spine surgeries; prior radiofrequency rhizotomy procedures; electrodiagnostic testing of March 11, 2014, notable for chronic right L5 radiculopathy; prior shoulder surgery; prior CMC joint arthroplasty; and extensive periods of time off of work. In a Utilization Review Report of July 3, 2013, the claims administrator denied a request for purchase of a pain pump, citing non-MTUS ODG Guidelines. The claims administrator stated that the claimant should pursue a previously authorized radiofrequency rhizotomy procedure before the pain pump is considered. The applicant's attorney appealed. On September 9, 2013, the applicant did undergo a multilevel radiofrequency rhizotomy procedure. A subsequent note of February 5, 2014 is notable for comments that the applicant has persistent multifocal pain complaints, is reportedly "disabled," has only had temporary relief with the rhizotomy procedure, has marked low back pain and lower extremity weakness, and received refills for Norco and oxycodone for pain relief. The applicant is again placed off of work, on total temporary disability. Multiple prior notes, including those dated January 8, 2014 and December 11, 2013 are also notable for comments that the applicant is off of work, on total temporary disability. On February 28, 2014, the attending provider sought authorization for an interferential current stimulator. Multiple notes interspersed throughout 2014 and 2013 suggest that the claimant is off of work and is pursuing numerous other treatments, including gabapentin. A discogram was also sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN PUMP PURCHASE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)--TREATMENT IN WORKERS COMP (TWC) PAIN PROCEDURE SUMMARY.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines IMPLANTABLE DRUG-DELIVERY SYSTEMS Page(s): 53-54.

Decision rationale: As noted on pages 53 and 54 of the MTUS-Chronic Pain Medical Treatment Guidelines, pain pumps can be employed in the treatment of non-malignant pain with a duration of greater than six months in applicants in whom there is a record of failure of six months of other conservative treatment modalities, evidence of intractable pain secondary to disease state with objective documentation of pathology, evidence of further surgical intervention is not indicated or likely to be effective, evidence that a precursor psychological evaluation has been obtained which demonstrates a lack of any psychiatric comorbidities, and evidence that a temporary trial of pain pump has been successful prior to permanent implantation of the same. In this case, however, none of the aforementioned criteria have seemingly been met. The employee is apparently intent on pursuing numerous other operative and non-operative treatments. The employee obtained a wrist surgery. The employee is apparently pursuing a discogram to consider further spine surgery. The employee is also, as noted by the claims administrator, pursuing facet joint injections, an interferential current stimulator, rhizotomy procedures, aquatic therapy, new medications, etc. All the above, taken together, suggest that the criteria set forth on pages 53 and 54 of the MTUS Chronic Pain Medical Treatment Guidelines have not been met. It is further noted that the employee has not obtained a precursor psychological evaluation, nor has the employee first obtained a temporary trial of spinal or intrathecal opioids before implantation of the pump was sought. For all the stated reasons, then, the proposed pain pump is not certified.