MAXIMUS Federal Services

Case Number:	CM13-0012289		
Date Assigned:	07/23/2014	Date of Injury:	11/09/2001
Decision Date:	09/18/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/12/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery 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 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/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 claimant is a 67 year old gentleman who sustained an injury on 11/9/01. The clinical records provided for review document that the claimant has an intrathecal morphine pump that was inserted on 11/10/11for treatment of chronic pain syndrome in addition to a spinal cord stimulator that was implanted on 07/25/13. A letter by the claimant dated 8/10/13 states that he has had the the indwelling pain pump for almost two years and that his pain level has been slowly increasing. According to the claimant, the physician who inserted the morphine pain pump advised that the pain pump be checked every 18-24 months to assess for crystalization of medication at the tip of the catheter. The records document that the claimant had his pain pump refilled on 03/25/13 and 06/20/13. While there are no recent office notes or clinical assessment since the date of the claimant's letter, there is also no documentation to indciate that the claimant is experiencing any malfunctioning of the pain pump or that he is unable to utilize his medication. This request for a side port myelogram of the tubing resevoir for further assessment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat sideport myelogram and puncture shunt or tubing/reservoir for aspiration or injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment worker's comp 18th edition, 2013 updates.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable drug-delivery systems Page(s): 52, 53.

Decision rationale: While the California MTUS Chronic Pain Guidelines recommend the use of the implanted drug delivery systems, there is no documentation in the medical records provided for review to support the need for a repeat sideport myelogram and puncture shunt or tubing/reservoir for aspiration or injection. The medical records do not contain any documentation that the claimant is experiencing any malfunction of the pain pump or suggestion of medication misuse. The purpose of a myelogram of the port for the sole reason that the pump has been in for two years would not be medically necessary in the absence of malfunction. The claimant's medication appears to be refilled on a regular basis indicating that that there would be no issues with flow. The requested myelogram of the tubing would not be supported.