

<b>Case Number:</b>	CM13-0015534		
<b>Date Assigned:</b>	10/09/2013	<b>Date of Injury:</b>	02/22/2000
<b>Decision Date:</b>	01/10/2014	<b>UR Denial Date:</b>	08/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/23/2013

### 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 Oklahoma and Texas. 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 patient is a 64-year-old female who sustained a work-related injury on 07/23/1998. The patient's working diagnoses include cervical spine fusion, chronic low back pain, osteoarthritis, rheumatoid arthritis, failed neck surgery with neck pain, and myofascial spasms. The patient has been treated with oral analgesics, TENS unit, steroid injections, iontophoresis, and physical therapy. The patient's most recent evaluation on 11/05/2013 indicated reports of 5-6/10 pain. Physical examination revealed numbness in the shoulders, arms, and hands as well as limited rotation of the neck. There was tenderness to palpation of the paraspinal muscles in the cervical spine. The treatment plan included medication refills, continuation of TENS unit and stretches, iontophoresis times 2, and a request for a trial of intrathecal injection with Dilaudid 0.03 mg

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 trial of intrathecal injection with Dilaudid 0.03mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections. Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Implantable Drug Delivery Systems Page(s): 52-54.

**Decision rationale:** CA MTUS Guidelines indicate that use of implantable drug delivery systems must meet certain criteria. Guidelines indicate that for treatment of non-malignant pain with a duration of greater than 6 months, there should be documentation of failure of at least 6 months of other conservative treatment modalities, intractable pain secondary to a disease state with objective documentation of pathology, further surgical intervention is not indicated, there are no contraindications to a trial, psychological evaluation unequivocally states that the patient has realistic expectations, and the pain is not psychological in origin. The clinical information submitted for review lacks evidence to support failure of other conservative care modalities, as the documentation indicates the patient has had 85% to 95% pain relief with oral analgesics and 95% pain relief with prior epidural steroid injections. The clinical information also lacks documentation of psychological clearance for an intrathecal pump. As such, the request for 1 trial intrathecal injection with Dilaudid 0.03 mg is non-certified.