

Case Number:	CM13-0021134		
Date Assigned:	10/11/2013	Date of Injury:	10/01/2007
Decision Date:	01/17/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/06/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California 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 55-year-old male who reported injury on October 01, 2007, with an unstated mechanism of injury. The patient was noted to be given a bolus of intrathecal Baclofen 50 mg without relief of spasticity on May 09, 2013. The patient was noted to make a decision not to proceed with Intrathecal Baclofen permanent implantation on May 16, 2013. The patient's diagnoses were noted to include abnormal involuntary movements; cervical radiculitis; myofascial pain, cervical spine; fever, and headache. The request was made for an Intrathecal Baclofen re-trial over 3 to 4 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intrathecal Baclofen, 3-4 day re-trial: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 39,40,55.

Decision rationale: Per the California MTUS guidelines Baclofen has been used to treat intractable spasticity from brain injury, cerebral palsy, and spinal cord injury and has resulted in improvement in muscle tone and pain relief. Clinical documentation submitted for review

indicated the patient's intrathecal bolus given on May 09, 2013 did not provide any relief for the patient's spasticity. Additionally, it was noted as per the documentation of May 16, 2013 that the patient decided not to proceed with the intrathecal baclofen permanent implantation. Given the above, and the lack of going forward with the plan, the request for a 3 to 4 day re-trial of intrathecal baclofen is not medically necessary.