

Case Number:	CM13-0021888		
Date Assigned:	11/13/2013	Date of Injury:	03/01/2007
Decision Date:	01/22/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	09/09/2013

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 Anaesthesiology and Pain 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:

38year-old male injured worker with date of injury 3/1/07 and diagnosis of failed back syndrome. The injured worker also suffers from depression related to chronic pain and has a history of depression. He is status post L4-S1 decompression and spinal fusion on 1/26/11. Latest MRI dated 8/17/12 showed posterior laminectomy interbody fusion at L4-L5 and L5-S1 and a 4mm cystic lesion that may represent a synovial cyst or a perineural cyst abutting the left L4 nerve root in the lateral recess, and a right pedicle screw at S1 extending beyond the anterior bony margin. [REDACTED] notes 1/3/13 that from a surgical standpoint, removing the instrumentation, exploring the fusion, and possibly resect the perineurol fibrosis would be possible but that there is a high likelihood that even that surgery may not be beneficial. The injured worker is refractory to medications, epidural injection, surgery, and pool therapy. The date of UR decision was 8/12/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to [REDACTED] for trial intrathecal morphine pump: 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 Implantable drug-delivery systems Page(s): 52.

Decision rationale: According to MTUS Chronic Pain Medical Treatment Guidelines implantable drug-delivery systems are medically necessary when used to deliver drugs for the treatment of primary liver cancer, metastatic colorectal cancer, head/neck cancers, or severe, refractory spasticity of cerebral or spinal cord origin in patients who are unresponsive to or cannot tolerate oral baclofen therapy; and only after failure of at least 6 months of less invasive methods. Per MTUS page 52, one requirement for moving forward with a trial of IT infusion is "psychological evaluation unequivocally states that the pain is not psychological in origin". While there are other criteria that the injured worker clearly meets, and others may be in dispute, medical necessity for an elective implanted device cannot be affirmed until the injured worker is cleared by a psychologist or psychiatrist.