

Case Number:	CM13-0023902		
Date Assigned:	03/14/2014	Date of Injury:	02/14/2008
Decision Date:	06/30/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/12/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in 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 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 represented injured worker is a 59 year old male whose date of injury is 02/14/2008. The patient is status post C3-6 laminoplasty. Diagnoses are listed as chronic intractable cervicalgia, neuropathic pain, reactive anxiety, and depression. Note dated 04/02/13 indicates that the patient has only completed 4 sessions of therapy. The patient feels that he cannot improve without therapy. Note dated 07/02/13 indicates that the patient refused to have another surgery and does not want a morphine pump inserted to his spine. The patient underwent Toradol injections on 07/12/13 to the right gluteal muscle. Progress report dated 08/07/13 indicates that the patient has undergone two spine surgeries, both with failed benefit. The note further states that the need to repeat surgery is likely; however, EMG/NCV was requested prior to surgical recommendation. Note dated 10/01/13 indicates that it has been three months since the patient has had any therapy. Note dated 02/21/14 indicates that the patient is distraught because he is in so much pain and having suicidal thoughts. There is tenderness to palpation to the paracervical/trapezius/parascapular areas. The patient has very limited range of motion with pain. Medications include Opana and Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

IMPLANTABLE INTRATHECAL DRUG ADMINISTRATION SYSTEM TRIAL:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable Drug-Delivery Systems (IDDSs).

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

Decision rationale: In accordance with Chronic Pain Medical Treatment Guidelines Implantable drug-delivery systems (IDDSs), page52-54: Based on the clinical information provided, the request for implantable intrathecal drug administration system trial is not recommended as medically necessary. There is no indication that the patient has undergone a pre-procedure psychological evaluation to assess the patient's appropriateness for the procedure and to address any potentially confounding issues, as required by CA MTUS guidelines. The submitted records fail to establish that the patient has been ruled out as a surgical candidate. The request is not medically necessary and appropriate.