

<b>Case Number:</b>	CM13-0036323		
<b>Date Assigned:</b>	02/03/2014	<b>Date of Injury:</b>	11/08/1999
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	10/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### 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 Acupuncture 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 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:

A 47 year old female injured worker with date of injury on 11/8/99 with related low back pain that radiated to the lower extremities. She suffers from failed back surgery syndrome with persistent symptoms including foot drop, weakness, and numbness in the leg. Per progress report dated 6/4/14, she rated her pain as 7/10 in intensity. Physical exam revealed limited range of motion (ROM) in her neck with tenderness over left cervical facets and palpable knots in left shoulder. Tenderness to palpation was noted in the paraspinals. Tenderness over myofascial band in the levator scapulae on the left causing significant limitations in ROM on the left was noted. Decreased LLE and RLE motor strength, and decreased sensation in left L3, L4, L5, and S1 was noted. Imaging studies were not available in the documentation submitted for review. Treatment to date has included injections, physical therapy, and medication management. The date of UR decision was 10/3/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MORPHINE INTRATHECAL TEST DOSE (AFTER PSYCH CLEARANCE): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines IMPLANTABLE DRUG DELIVERY SYSTEM/TRIALS.

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

**Decision rationale:** With regard to implantable drug-delivery systems, the guidelines state the following: Recommended only as an end-stage treatment alternative for selected patients for specific conditions indicated below, after failure of at least 6 months of less invasive methods, and following a successful temporary trial. Review of the documentation submitted for review indicate that the injured worker is a candidate for MRI study which may reveal additional interventional procedures. It would be prudent to understand the results of the MRI before proceeding with a trial of intrathecal medications. As all of the criteria are not met, the request is not medically necessary.

**PSYCH CLEARANCE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Implantable drug-delivery systems.

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

**Decision rationale:** Review of the documentation submitted for review indicate that the injured worker is a candidate for MRI study which may reveal additional interventional procedures. It would be prudent to understand the results of the MRI before proceeding with a trial of intrathecal medications. As intrathecal drug delivery systems (IDDS) are recommended only as an end-stage treatment alternative for selected patients after failure of at least 6 months of less invasive methods, the request is not medically necessary.

**PGT (GENE ANALYSIS):** 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 Cytokine DNA testing for pain Page(s): 42.

**Decision rationale:** In regard to gene analysis guidelines state the following: Not recommended. There is no current evidence to support the use of cytokine DNA testing for the diagnosis of pain, including chronic pain. As such, the request is not medically necessary.