

Case Number:	CM13-0037997		
Date Assigned:	12/18/2013	Date of Injury:	12/14/2008
Decision Date:	04/04/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/24/2013

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 & Rehabilitation, and is licensed to practice in Illinois. 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 54-year-old male who reported an injury on 12/14/2008. The mechanism of injury was not specifically stated. The patient is currently diagnosed as status post lumbar fusion, failed back surgery syndrome, chronic intractable low back pain, spinal cord stimulator implantation, and left lumbar radiculopathy. The patient was seen by [REDACTED] on 09/17/2013. Physical examination revealed no obvious motor or sensory deficit with mild deconditioning weakness, stiffness, and painful range of motion. Treatment recommendations included authorization for a surgical referral for possible hardware removal, as well as a trial of neuraxial opiate implantable intrathecal drug pump.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of neuraxial opiate therapy-pain pump: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable drug-delivery systems (IDDSs) Page(s): 52-54.

Decision rationale: The MTUS Chronic Pain Guidelines state implantable drug delivery systems are recommended only as an end stage treatment alternative for selected patients for

specific conditions. As per the documentation submitted, the patient has maintained the diagnoses of failed back surgery syndrome and chronic intractable low back pain. The patient is status post lumbar fusion. However, the patient was also recommended to see a spine surgeon for discussion of possible hardware removal. Therefore, additional interventions should be postponed pending the results of this consultation. As such, the current request is not medically necessary and appropriate.