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| Case Number: | CM13-0039874 | | |
| Date Assigned: | 12/20/2013 | Date of Injury: | 11/18/2008 |
| Decision Date: | 05/30/2014 | UR Denial Date: | 09/27/2013 |
| Priority: | Standard | Application Received: | 10/09/2013 |

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 Neurology, has a subspecialty in Neuromuscular 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:

The patient is a 48 year old man who sustained a work-related injury on November 18, 2008. Subsequently, he developed with chronic back pain. The patient was diagnosed with the lumbar radiculopathy. The patient underwent the laminectomy and fusion in 2008 and 2011. According to the note dated on September 15, 2015, the patient physical examination demonstrated lumbar tenderness with reduced range of motion, positive straight leg raising bilaterally. His MRI of the lumbar spine performed on September 17, 2013 demonstrated minimal foraminal stenosis, degenerative disc disease and postop changes. The provider requested authorization for single shot trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

A SINGLE SHOT PUMP TRIAL: 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.

Decision rationale: According to MTUS guidelines, Implantable drug-delivery systems (IDDSs) is recommended after failure of at least 6 months of less invasive methods to control the pain. An

IDDS is 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. Results of studies of opioids for musculoskeletal conditions (as opposed to cancer pain) generally recommend short use of opioids for severe cases, not to exceed 2 weeks, and do not support chronic use (for which a pump would be used), although IDDSs may be appropriate in selected cases of chronic, severe low back pain or failed back syndrome. This treatment should only be used relatively late in the treatment continuum, when there is little hope for effective management of chronic intractable pain from other therapies. (Angel, 1998) (Kumar, 2002) (Hassenbusch, 2004) (Boswell, 2005) The specific criteria in these cases include the failure of at least 6 months of other conservative treatment modalities, intractable pain secondary to a disease state with objective documentation of pathology, further surgical intervention is not indicated, psychological evaluation unequivocally states that the pain is not psychological in origin, and a temporary trial has been successful prior to permanent implantation as defined by a 50% reduction in pain). According the patient file, there is no documentation that the patient exhausted all less invasive therapies. It seems that the patient is considered for medial branch blocks. Furthermore, there is no evidence that the patient underwent a psychological testing required before any device implantation. Therefore, the prescription of Single Shot Pump Trial is not medically necessary.