

<b>Case Number:</b>	CM13-0041633		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	05/07/1998
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/11/2013

### 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 Pain Management has a subspecialty in Disability Evaluation 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:

This patient reported with a date of injury of 5/7/1998. The patient most recently (7/30/13) presented with neck and back pain rated 8/10 without medicine and 5/7/10 with medicine; it is constant and diffuse. Physical examination revealed lumbar spasms and tenderness; mild edema of the lower extremities. It is also noted that the pain management agreement was updated. Current diagnoses include failed back surgery syndrome cervical; cervical radiculopathy, degenerative disc disease cervical, thoracic, and lumbar spine; status post (s/p) thoracic laminotomy SCS. It is also noted that given the patient's comorbidities, the patient is not a surgical candidate and was cleared by cardiology for minimally invasive procedures without general anesthesia. Treatment to date includes SCS and medication; and severe comorbid condition (patient under chronic anticoagulation with Coumadin), s/p aortic valve replacement. Treatment requested is intrathecal pump trial with Prialt fluoroscopy (in office) and medications:

### IMR ISSUES, DECISIONS AND RATIONALES

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

**intrathecal pump trial with Prialt fluoroscopy (in office): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG)-TWC-Pain (Chronic) (Updated 3).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG)..

**Decision rationale:** Regarding the requested intrathecal pump trial with Prialt fluoroscopy (in office), Official Disability Guidelines (ODG) identify that permanently implanted intrathecal (intraspinal) infusion pumps for the administration of opiates or non-opiate analgesics, in the treatment of chronic intractable pain, are considered medically necessary when: Used for the treatment of non-malignant (non-cancerous) pain with a duration of greater than 6 months and all of the following criteria are met: 1. Documentation, in the medical record, of the failure of 6 months of other conservative treatment modalities (pharmacologic, surgical, psychologic or physical), if appropriate and not contraindicated; and 2. Intractable pain secondary to a disease state with objective documentation of pathology in the medical record; and 3. Further surgical intervention or other treatment is not indicated or likely to be effective; and 4. Psychological evaluation has been obtained and evaluation states that the pain is not primarily psychological in origin and that benefit would occur with implantation despite any psychiatric comorbidity; and 5. No contraindications to implantation exist such as sepsis or coagulopathy; and 6. A temporary trial of spinal (epidural or intrathecal) opiates has been successful prior to permanent implantation as defined by at least a 50% to 70% reduction in pain and documentation in the medical record of functional improvement and associated reduction in oral pain medication use. A temporary trial of intrathecal (intraspinal) infusion pumps is considered medically necessary only when criteria 1-5 above are met, and based on the above recommendation; it appears this patient did not meet all the criteria from the documentation provided for review.