MAXIMUS Federal Services

Case Number:	CM13-0041681		
Date Assigned:	12/20/2013	Date of Injury:	01/06/1983
Decision Date:	04/17/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/15/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 65 year old male presenting with low back pain following a work related injury on 01/06/1983. The claimant was diagnosed with cervical post-laminectomy syndrome, lumbar post-laminectomy syndrome, thoracic/lumbar neuritis/radiculitis, continuous opioid-type dependence, failed back surgery syndrome (lumbar), extensive fusion at L4-5, decompression at L1, L3, status post decompressive surgery at T10-T11 and status post anterior cervical discectomy and fusion at C5-6. On 7/16/2013, the claimant was psychologically cleared to have an intrathecal lumbar pump implant for chronic pain. The physical exam was significant for decreased range of motion in all planes, tenderness to palpation at the lumbar paraspinous area and to the left sacroiliac joint, decreased deep tendon reflex of the bilateral lower extremities and positive straight leg raise testing bilaterally at 30 degrees. The claimant reported 80 % relief for seven days with the intra-thecal pump trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR PUMP IMPLANT UNDER FLUOROSCOPY AND GENERAL ANESTHESIA: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines INTRATHECAL DRUG DELIVERY SYSTEMS Page(s): 53-54. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, INTRATHECAL DRUG DELIVERY SYSTEMS, 53-54

Decision rationale: Lumbar Pump Implant under Fluoroscopy and General Anesthesia is not medically necessary. It is recommended only as an end-stage treatment alternative. For the 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) For most patients, it should be used as part of a program to facilitate restoration of function and return to activity, and not just for pain reduction. 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. The medical records did document that the claimant had an 80% reduction in his pain but it was not qualified with documentation in improved function, or reduction in medications; therefore, the requested procedure is not medically necessary.