

Case Number:	CM13-0042933		
Date Assigned:	12/27/2013	Date of Injury:	04/20/2006
Decision Date:	04/24/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 50 year old male with a date of injury of 10/09/2013. The listed diagnoses per [REDACTED] are: 1) Lumbar disc disease with radiculopathy 2) Lumbar strain/sprain 3) Myofascitis 4) Sacroiliitis According to report dated 09/11/2013 by [REDACTED], the patient presents with continued low back pain. Patient reports a decrease in range of motion due to increased pain upon movement. Patient continued to express interest in an intrathecal drug delivery system. Treater states, patient will undergo a trigger point injection today. Treater further documents, "I recommended that the patient continue his medications, return to acupuncture and also suggested the intrathecal drug delivery system." Patient is noted to be taking Norco 10/325mg and Soma 350mg. Treater requests 12 acupuncture treatments trigger point injections x10 and a trial intrathecal drug delivery system.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIAL OF INTRATHECAL DRUG DELIVERY SYSTEM: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN SECTION.

Decision rationale: This patient presents with low back pain. The treater is requesting a trial intrathecal pump implant. MTUS and ACOEM Guidelines do not discuss intrathecal drug delivery systems. However, ODG Guidelines has the following in the pain section, which states, "Recommended only as an end-stage treatment alternative for selected patients for specific conditions after failure of at least 6 months of less invasive methods and following a successful temporary trial. Indications for implantable drug delivery system when it is used for the treatment of non-malignant pain with a duration of greater than six months and all of the following criteria are met: 1) Documentation in the medical records of failure of 6 months of other conservative treatment modalities, 2) Intractable pain secondary to a disease state with objective documentation of pathology, 3) Further surgical intervention or other treatment is not indicated, 4) Psychological lab evaluation had been obtained, 5) No contraindications to implantation, and 6) A temporary trial of spinal epidural or intrathecal opiates have been successful prior to permanent implantation with at least 50% to 70% reduction in pain. In this case, the treater provides no indication of the efficacy or lack of efficacy of the pain medication, specifically Norco. In addition, there is no mention of failed conservative care. In fact, the treater is requesting continuation of Acupuncture, Trigger point injections and pain medication concurrently with a trial intrathecal pump implant. ODG recommends pain pump implantations only as an end-stage treatment after failure of conservative care. Recommendation is for denial.