

<b>Case Number:</b>	CM13-0049851		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/19/2008
<b>Decision Date:</b>	05/02/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### 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 and 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 53 year old female with an injury date on 05/19/08. Based on the 10/02/13 progress report states the patient's diagnoses include low back pain, lumbar radiculopathy, and status post lumbar spine fusion. This progress report continues to state that the patient rates her pain as a 8/10 and "continues to have significant low back pain despite the use of methadone 10 mg 1-tablet po q.a.m., 1-tablet po q.noon and 2 tablets q.p.m. and oxycodone 10 mg 1-table po q.4-6h." The physician requests for an intrathecal pump trial. The utilization review determination being challenged is dated 10/29/13 and recommends denial of the intrathecal pump. The requesting provider and provided treatment reports from 06/27/13- 11/13/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**INTRATHECAL PUMP TRIAL:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to the 10/02/13 progress report provided by [REDACTED], the patient presents with low back pain, lumbar radiculopathy, and status post lumbar spine fusion. The request is for an intrathecal pump trial. The request was denied by utilization review letter dated 10/29/13. For Intrathecal Drug Delivery System MTUS page 53 require failure of conservative treatments including medications, intractable pain with real pathology; no further surgical intervention anticipated; psychological clearance; and a pump trial. In this patient, all of the criteria are met except for a psychological clearance. A QME report from 7/1/13 refers to a psychological evaluation but it is not clear that this was for a morphine pump trial. The treater first talks about this request on October 2013 report and the QME report pre-dates this. There were no psychological reports provided for review. The treater does not discuss a psychological clearance. Recommendation is for denial.