

Case Number:	CM13-0061858		
Date Assigned:	12/30/2013	Date of Injury:	02/22/1993
Decision Date:	04/09/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/05/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 48-year-old male who reported injury on 02/11/1993. The mechanism of injury was noted to be the patient fell down some stairs. The documentation of 11/05/2013 revealed the patient was in the office for a followup complaining of back and neck pain and difficulty with standing and walking for long periods of time. The patient indicated they wanted something done although the medications were helpful. Patient was diagnosed with thoracic post laminectomy syndrome. The request was made for an intrathecal pump trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intrathecal Pump trial with Infumorph or Duramorph: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable drug-delivery systems (IDDSs) Page(s): 53, 54.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable drug-delivery systems (IDDSs) Page(s): 53, 54.

Decision rationale: California MTUS Guidelines indicate that intrathecal pump trials are appropriate for patients when there is documentation of the failure of 6 months of other conservative treatment modalities, intractable pain secondary to a disease state with objective documentation of pathology in the medical record. Further surgical intervention or other

treatment is not indicated or likely to be effective. A psychological evaluation has been obtained and evaluation states that pain is not primarily psychologic in origin and that the patient would benefit from an implantation and no contraindication to the implantation exists such as sepsis or coagulopathy. Clinical documentation submitted for review failed to indicate the patient had documentation that further surgical intervention or other treatments were not indicated or likely to be effective. The patient indicated they did not want further surgery. There was a lack of documentation of a psychological evaluation. Given the above, and the lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations, the request for Intrathecal Pump trial with Infumorph or Duramorph is not medically necessary.