

<b>Case Number:</b>	CM13-0061904		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/01/2001
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	11/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### 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 Family Practice 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 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 70-year-old male with a work-related injury on 07/01/2001. The patient has complaints of bilateral knee pain, low back pain, and neck pain. Recent clinical documentation stated the patient was doing aqua aerobics, weights, and chiropractic care which aggravated his symptoms. He is status post right knee arthroscopic surgery and left knee replacement. The patient stated his low back pain radiated to the right buttock and right lower extremity. A request has been made for intra-thecal 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:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Implantable drug-delivery systems (IDDSs).

**Decision rationale:** The Expert Reviewer's decision rationale: Official Disability Guidelines state indications for implantable drug-delivery systems include the failure of 6 months of other conservative treatment modalities, intractable pain secondary to a disease state, further surgical

intervention or other treatment is not indicated, and psychological evaluation has been obtained which states the pain is not primarily psychological in origin. Per Behavioral Health Assessment dated 05/25/2012, the patient was noted to be an appropriate candidate for a spinal cord stimulator. There was no documentation submitted stating the patient had been psychologically cleared for an intra-thecal pain pump. In addition, the patient had bilateral knee, lower back, and lower extremity pain which were consistent with neuropathic rather than nociceptive pain. Guidelines recommend intrathecal pain pumps for non-cancerous severe low back pain or failed back syndrome patients and for nociceptive pain conditions rather than neuropathic pain. In addition, guidelines state that for most patients, an implantable drug-delivery system should be used as part of a program to facilitate restoration of function and return to activity and not just for pain reduction. There was no evidence given a trial of an intra-thecal pain pump for the patient would be used in conjunction with a program to facilitate restoration of function for the patient. Therefore, the decision for intrathecal pump trial is non-certified.