

<b>Case Number:</b>	CM13-0062900		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/06/1983
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 Orthopedic Surgery, 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:

Please provide a one paragraph summary of the relevant clinical issues with a diagnosis or diagnoses relevant to the disputed issue(s). Your summary may be posted on the Division of Workers' Compensation (DWC) website for public viewing so please avoid any inflammatory language or disparaging remarks about any aspect of the medical care or claims processes. This 66-year-old claimant has a date of injury of January 6, 1983. He has been treated for low back pain and is status post multiple lumbar surgeries. Diagnosis at this juncture is failed laminectomy syndrome. He is being considered for a permanently implanted morphine pump.

### 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 Spinal Cord Stimulators Page(s): 105-107.

**Decision rationale:** The proposed lumbar pump implant under fluoroscopy and general anesthesia would not be considered medically necessary and appropriate based on the records

provided in this case and the California Medical Treatment Utilization Schedule Guidelines (MTUS) Chronic Pain Medical Treatment Guidelines. California Medical Treatment Utilization Schedule Guidelines (MTUS) Chronic Pain Medical Treatment Guidelines support placement of a pump if there is documentation of failure of six months of conservative treatment, intractable pain secondary to a diseased state, further surgical intervention or treatment is not indicated or likely to be ineffective, psychological clearance has been provided, no contraindications exist and a temporary trial demonstrates at least a 50 to 70 percent reduction in pain with functional improvement associated in reduction of oral pain medical usage. The lumbar pump implant was previously denied as there was no documentation that the trial which provided good pain relief, also resulted in functional improvement associated with reduction in oral pain medication usage. The trial was only performed for seven hours total. Absent documentation of reduction of medication use and functional improvement as a result of a lumbar pump trial, a lumbar pump implant under fluoroscopy and general anesthesia would not be considered medically necessary and appropriate based on the records provided in this case and the California Medical Treatment Utilization Schedule Guidelines (MTUS) Chronic Pain Guidelines.