

Case Number:	CM13-0062972		
Date Assigned:	01/17/2014	Date of Injury:	05/10/1993
Decision Date:	05/02/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	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 Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 was injured on 5/10/1993. The diagnoses listed are post lumbar laminectomy and fusion syndrome, lumbar radiculopathy and thoracic spine pain. Since 2007, the patient has had several surgeries including lumbar fusion, revision of the lumbar fusion and thoracic fusion. The patient had also had several interventional pain procedures such as trigger point injections and epidural steroid injections. [REDACTED] indicated that the trigger points injections done on 1/15/2014 and 2/5/2014 provided only temporary pain relief. The current medications are Gabapentin, Oxycodone, Celebrex and Fentanyl patch for pain, Skelaxin for muscle spasm and Cymbalta for depression and neuropathic pain. The duration of use for these medications was not specified in the records. The spine surgeon, [REDACTED] has indicated that the patient will not benefit from any further surgery. The patient had failed medication management, spine surgery, psychological therapy and physical therapy. A pre procedure psychological evaluation by [REDACTED] on 10/30/2013 cleared the patient for the proposed tunneled epidural catheter with narcotic infusion trial. A Utilization Review determination was rendered on 11/19/2013 recommending non certification of implantation of intrathecal infusion system.

IMR ISSUES, DECISIONS AND RATIONALES

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

IMPLANTATION OF INTRATHECAL INFUSION SYSTEM TO LUMBAR SPINE FOR HERNIATED NUCLEUS PULPOSUS: Overturned

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 Page(s): 53-55.

Decision rationale: The CA MTUS addressed the use of implantable drug delivery systems in the treatment of chronic non- malignant pain. The patient has not met the criteria for the implantation of intrathecal infusion system to the lumbar spine only because there has not been a successful intrathecal opioid infusion trial. There is a contradiction between the requested procedure and the utilization review decision that is being appealed. The treating physician [REDACTED] [REDACTED] has indicated in all the clinical records that the request is for tunneling of epidural catheter for narcotic infusion trial not for a permanent implantation of morphine pump. But the utilization review by [REDACTED] was for a permanent implantation. The patient did meet all the criteria for an intrathecal infusion trial according to the MTUS guideline. The patient has failed surgeries, medications management, physical therapy, psychotherapy and pain procedures. The patient has been cleared by the clinical psychologist. The patient is on high dose opioids therapy. A dose reduction can be accomplished through the intrathecal route. The spine surgeon had indicated that no further surgery will be beneficial. The patient has met the criteria for intrathecal opioid infusion trial. The patient should proceed to implantation of the infusion delivery system if the trial is successful.