

<b>Case Number:</b>	CM13-0069637		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	12/23/1998
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	12/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2013

### 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 and Pain Management and is licensed to practice in 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 injured worker is a 45-year-old female who reported an injury on 12/23/1998. The mechanism of injury was not stated. Current diagnoses include failed back surgery syndrome, status post anterior-posterior fusion at L5-S1 with hardware removal, status post spinal cord stimulator implantation, chronic lumbar radiculopathy, degenerative disc disease in the cervical and lumbar spine, nausea, constipation, insomnia, anxiety, depression, and chronic pain syndrome. The injured worker was evaluated on 11/13/2013. The injured worker reported 9/10 pain with medication. Physical examination revealed tenderness throughout the paravertebral facet regions in the cervical, thoracic, and lumbar spine. Treatment recommendations included 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 FLUOROSCOPY AND FOLLOW-UP VISIT:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines INDICATIONS FOR INPLANTABLE DRUG-DELIVERY SYSTEM..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON INPLANTABLE DRUG-DELIVERY SYSTEM, (IDDS) Page(s): 52-54.

**Decision rationale:** California MTUS Guidelines state implantable drug delivery systems are recommended only as an end stage treatment alternative for selected patients. Permanently implanted intrathecal infusion pumps, used for the treatment of nonmalignant pain with a duration of greater than 6 months, are indicated after a failure of 6 months of conservative treatment, for intractable pain secondary to a disease with objective documentation of pathology, after there is evidence that further surgical intervention or other treatment is not indicated, after a psychological evaluation has been obtained, and after a temporary trial has been successful. As per the documentation submitted, there is no mention of an exhaustion of conservative treatment. The injured worker's physical examination only revealed tenderness to palpation. There is no indication that other treatment is not likely to be effective. Additionally, there is no evidence of a psychological evaluation. Based on the aforementioned points, the injured worker does not meet criteria for the requested service. The subsequent follow-up visit is also not medically necessary. As such, the request is non-certified.