

Case Number:	CM13-0069853		
Date Assigned:	01/03/2014	Date of Injury:	05/12/2006
Decision Date:	05/06/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	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 Physical Medicine and Rehabilitation, and Pain Medicine, and is licensed to practice in Texas and Ohio. 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 5/12/06. The mechanism of injury was not stated. The diagnoses include lumbosacral spondylosis without myelopathy, displacement of cervical intervertebral disc without myelopathy, cervical spondylosis without myelopathy, degeneration of cervical intervertebral disc, opioid-type dependence, pathologic fracture of the vertebrae, and primary localized osteoarthritis. The examination of 12/4/13 revealed complaints of 8/10 pain to the cervical spine, mid back, and radiation into bilateral upper extremities. The injured worker reported increased mobility and function with the current medication regimen. The objective physical examination revealed limited cervical range of motion, 4/5 strength, 5/5 grip strength, intact sensation, and increased elbow range of motion. Treatment recommendations included a request for an intrathecal pain pump trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

AN INTRATHECAL PUMP TRIAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 52-54.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 52-54.

Decision rationale: The California MTUS guidelines indicate that implantable drug delivery systems are recommended only as an end-stage treatment alternative for selected patients for specific conditions, after a failure of at least six months of a less invasive method and following the successful temporary trial. The indications include documentation of failure of six months of other conservative treatments, including pharmacologic, surgical, psychological, or physical; intractable pain secondary to diseased state with objective documentation of pathology in the medical record; further surgical intervention and/or other treatment is not indicated or likely to be ineffective; and a psychological evaluation has been obtained and the evaluation states that the pain is not primarily psychological in origin, and that benefit would occur with implantation despite any psychiatric comorbidity. There was documentation that the injured worker was under psychological care; however, the clinical documentation submitted for review failed to provide a psychological evaluation stating that the injured worker's pain is not primarily psychological in origin. Given the above, the request for an intrathecal pump trial is not medically necessary.