MAXIMUS Federal Services

Case Number:	CM14-0000182		
Date Assigned:	01/17/2014	Date of Injury:	12/03/2001
Decision Date:	05/23/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/31/2013

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 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:

This 43 year-old female sustained an injury to her neck and hands during an intake process of a mental health patient on 12/3/2001 while employed by the [redacted]. Request under consideratin include OUTPATIENT ITT PUMP IMPLANT. Report of 11/19/13 from the provider noted chronic neck pain due to degenerative joint and disc disease with history of complex regional pain syndrome type of bilateral upper extremities. The patient is hesitant and anxious to taper the medications, once she has authorization for the permanent pain pump. It was noted since the last visit, she had consultation with another provider and stated she does not wish to proceed with the implant because of insurance which has denied her medications except for Senna. She will proceed with the intrathecal pain pump and schedule once it has been authorized. The utilization physician reviewer noted a conversation with provider's office staff who advised the pain pump was already done in September 2013. The current request for Outpatient Intrathecal pump implant was non-certified on 12/17/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT ITT PUMP IMPLANT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Pump Section.

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

Decision rationale: Guidelines recommend implantable drug-delivery systems (IDDS) only as a last resort in the treatment continuum of selected cases of chronic, severe failed back syndrome when no other therapies or effective management is left for the chronic intractable pain and should be used as part of a functional restoration program to facilitate return to activity and not just for pain reduction. The specific criteria include documented failure of all conservative treatment including oral medications, interventional pain modalities for clear objective pathology without psychological origin or further surgical intervention planned. Hence, indication for IDDS include primary or metastatic liver, colorectal or head/neck cancers, severe rafractory spasticity from cerebral or spinal cord injuries/lesion, none of which is demonstrated here. There is no documented specific confirmed pathology, psychological evaluation or failed trial of conservative care with medications and therapy to support this permanent pain pump placement outside guidelines criteria. The patient is tolerating the oral medications; however, has issues with insurance authorization. The outpatient itt pump implant is not medically necessary and appropriate.