

<b>Case Number:</b>	CM14-0001490		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	01/17/2001
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/03/2014

### 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, was Fellowship trained in Spine Surgery, and is licensed to practice in Texas and 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:

The injured worker is a 50 year old male with a date of injury of 1/17/01. The mechanism of injury was not provided in the clinical documentation. The injured worker was examined on 12/24/13, where he continued to complain of chronic intractable low back pain which radiated to the left foot and intermittently to the right knee. He noted that his pain was aggravated by sitting, bending, and lifting. His pain was alleviated by standing and medications. Ice usually alleviated his pain, but he was not able to use it because of the colder weather. He rated his pain at 7-10/10 without pain medications and 4/10 with pain medications. The injured worker's spinal cord stimulator battery was replaced on 11/27/13. He was able to function well with the help of the medication he was prescribed. The injured worker's medication regimen included Percocet and Kadian for break through pain. The injured worker's pain/spasticity was constant and noted to be sharp, aching, shooting, throbbing, dull, burning, and stabbing. The patient was diagnosed with chronic low back pain, lumbar degenerative disc disease, lumbar post laminectomy syndrome, status post spinal cord stimulator battery placement, and chronic pain syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SPINAL OPIATE TRAIL UNDER FLUOROSCOPY WITH SEDATION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): (s) 53-54. Decision based on Non-MTUS Citation [www.ncbi.nlm.nih.gov/pubmed/21267041](http://www.ncbi.nlm.nih.gov/pubmed/21267041).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): (s) 52-53.

**Decision rationale:** The California MTUS guidelines note that implantable drug delivery systems are recommended after failure of at least six months of less invasive methods for the treatment of malignant pain. For non-malignant pain, there must be failure of at least six months of other conservative treatment modalities, intractable pain secondary to a disease state with objective documentation of pathology, further surgical intervention is not indicated, psychological evaluation unequivocally states that the pain is not psychological in origin, and a temporary trial has been successful prior to permanent implantation as defined by a 50% reduction in pain. There is a lack of clinical evidence indicating the injured worker underwent adequate psychological testing. There is a lack of objective documentation of pathology or validity of intractable pain. There is a lack of documentation of symptomatology that would indicate the injured workers need for an implantable pain pump as opposed to traditional methods of treating pain. As such, the request is not medically necessary.