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| Case Number: | CM14-0007772 | | |
| Date Assigned: | 02/10/2014 | Date of Injury: | 01/12/2000 |
| Decision Date: | 07/30/2014 | UR Denial Date: | 12/26/2013 |
| Priority: | Standard | Application Received: | 01/21/2014 |

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 Occupational Medicine 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:

The patient is a 57-year-old female who has filed a claim for cervicgia associated with an industrial injury date of January 12, 2000. A review of progress notes indicates severe left neck pain radiating to the head and shoulder, and at times to the hand in a C6 nerve root distribution, with associated numbness and tingling. The patient is noted to be severely depressed and reports insomnia and fatigue. Findings include presence of >11 trigger points; tenderness over the cervical, thoracic, and lumbar regions; decreased cervical and lumbar range of motion; positive Patrick's maneuver on the right; positive pelvic distraction test on the right; decreased motor strength to the left upper extremity and bilateral lower extremities; and decreased sensation to the left C6. Cervical MRI from January 24, 2012 showed degenerative disc disease and degenerative joint disease at C4-6 with herniated nucleus pulposus at C5-6. The treatment to date has included opioids, Soma, sedatives, Gabapentin, anti-depressants, physical therapy, home exercises, pain management, cervical epidural steroid injection, and thoracic medial branch radiofrequency ablation. Of note, patient had multiple right knee surgeries and right total knee replacement, right shoulder surgery, left ulnar nerve transposition, and lumbar spinal surgery. Utilization review from December 26, 2013 denied the requests for home assistance evaluation as the patient is not homebound or has physical impairments that would support the need of home health services; and IT trial dose for the lumbar, thoracic, and cervical spine as documentation does not contain psychological clearance to undergo the procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home assistance evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Service Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: As noted on page 51 of the California MTUS Chronic Pain Medical Treatment Guidelines, home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or intermittent basis, generally up to no more than 35 hours per week, which does not include homemaker services. In this case, there is no documentation that the patient is homebound, and there is no indication as to what services the patient needs assistance with. Therefore, the request for home assistance evaluation was not medically necessary.

IT trial dose for lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable drug-delivery systems (IDDSs) Page(s): 52-54.

Decision rationale: According to California MTUS Chronic Pain Medical Treatment Guidelines, implantable drug-delivery systems (IDDSs) are recommended only as an end-stage treatment alternative for selected patients with chronic intractable pain after failure of at least 6 months of less invasive methods, with objective documentation of pathology, when further surgical intervention is not indicated or likely to be effective, when psychological evaluation states that benefit would occur with implantation despite any psychiatric comorbidity, and following a successful temporary trial (50-70% pain reduction and functional improvement associated with reduction in oral pain medication use). There is no documentation describing the patient's subjective symptoms referable to the lumbar spine as severe or intractable, failure of less invasive methods, or of a psychological evaluation providing clearance for this procedure. Therefore, the request for IT trial dose for lumbar spine was not medically necessary.

IT trial dose for thoracic spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable drug-delivery systems (IDDSs) Page(s): 52-54.

Decision rationale: According to California MTUS Chronic Pain Medical Treatment Guidelines, implantable drug-delivery systems (IDDSs) are recommended only as an end-stage

treatment alternative for selected patients with chronic intractable pain after failure of at least 6 months of less invasive methods, with objective documentation of pathology, when further surgical intervention is not indicated or likely to be effective, when psychological evaluation states that benefit would occur with implantation despite any psychiatric comorbidity, and following a successful temporary trial (50-70% pain reduction and functional improvement associated with reduction in oral pain medication use). There is no documentation describing the patient's symptoms referable to the thoracic spine as severe or intractable, failure of less invasive methods, or of a psychological evaluation providing clearance for this procedure. Therefore, the request for IT trial dose for thoracic spine was not medically necessary.

IT trial dose for cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable drug-delivery systems (IDDSs) Page(s): 52-54.

Decision rationale: According to California MTUS Chronic Pain Medical Treatment Guidelines, implantable drug-delivery systems (IDDSs) are recommended only as an end-stage treatment alternative for selected patients with chronic intractable pain after failure of at least 6 months of less invasive methods, with objective documentation of pathology, when further surgical intervention is not indicated or likely to be effective, when psychological evaluation states that benefit would occur with implantation despite any psychiatric comorbidity, and following a successful temporary trial (50-70% pain reduction and functional improvement associated with reduction in oral pain medication use). Although this patient complains of severe, chronic neck pain, there is no documentation that the patient has failed less invasive methods of pain management as patient received significant improvement of symptoms with cervical epidural steroid injection. Also, there is no documentation of a psychological clearance for this procedure. Therefore, the request for IT trial dose for cervical spine was not medically necessary.

PGT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: There is no guideline to address PGT.

Decision rationale: CA MTUS, ODG, and an online search do not address this topic. There is no discussion as to what a PGT is. Additional information is necessary to evaluate this request. Therefore, the request for PGT was not medically necessary.