

<b>Case Number:</b>	CM14-0101758		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	11/16/1995
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 injured worker is a 49 year old male who reported an injury on 11/16/1995. The mechanism of injury occurred while he was fighting with a coworker, which resulted in him being thrown on the ground injuring his lower back. His diagnoses included post laminectomy syndrome to the lumbar spine, lumbar spondylosis with radicular pain, status post spinal cord stimulator and intrathecal pump implantation, and opioid dependence. Past treatments included pain medications and a spinal cord stimulator with pump. The diagnostic tests are not indicated in the clinical notes. His surgical history included the implantation of a spinal cord stimulator and intrathecal pump on an unspecified date. The injured worker received a replacement pump on 08/19/2010. A laminectomy was also performed on an unspecified date. On 04/29/2014 his spinal pump was refilled due to an elective alarm noted on 03/05/2014 indicating the need for a replacement pump soon. Also another elective replacement alarm sounded on 05/05/2014. His subjective complaints on 05/28/2014 included radiating low back pain with a pain rating of 3-4/10. His medications included Vicodin HP 5/300mg, Dilaudid 4mg by mouth and Dilaudid 20mg/ml via intrathecal pump. The treatment plan included continuation of oral medications, home exercise, and the replacement of the lumbar pump with fluoroscopy under general anesthesia. The rationale for the request is the continuation of functional improvement. The request for authorization form was signed and submitted on 06/06/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar pump replacement with fluoroscopy and general anesthesia: 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 Implantable drug-delivery systems Page(s): 52.

**Decision rationale:** The request for the lumbar pump replacement with fluoroscopy under general anesthesia is not medically necessary. The California MTUS Guidelines state implantable drug-delivery systems should be used as part of a program to facilitate restoration of function and return to activity, and not just for pain reduction. The injured worker reported a pain rating of 3/10 to 4/10 on 05/28/2014 with a previous pain rating of 4/10 on 04/02/2014. His pain was noted to be relieved by oral medications, dilaudid via intrathecal pump and relaxation techniques. The clinical note states that pump is effective at reducing pain, increasing his functional ability and he is able to complete activities of daily living without difficulty. The injured worker previously received a replacement pump on 08/19/2010. It was noted that his an elective alarm sounded on the pump indicating the need for a replacement pump. However, a printout from the device and manufacture information was not provided to verify the necessity of a replacement and most implanted devices do not require replacement for 5 years. Therefore, despite evidence of effectiveness of the pump, further documentation is needed to support the replacement of this device. Therefore the request for a lumbar pump replacement with fluoroscopy under general anesthesia is not medically necessary.