

Case Number:	CM14-0013684		
Date Assigned:	02/26/2014	Date of Injury:	06/08/1994
Decision Date:	08/07/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/03/2014

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 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:

This is a 1/22/14 year-old male with a 6/8/94 date of injury. The patient is status post L4/5 and L5/S1 fusion in 2012. The patient was seen on 12/31/13 and 1/3/14 with complaints of chronic low back pain with radiation to the lower extremities. The patient had an epidural injection on 11/18/13 and noted that the pain had not subsided, although the inflammation had stopped. Her pain is 10/10 with medications and 7/10 without. Exam findings revealed tenderness over L5-S1, restricted range of motion of the L spine, straight leg raise. The diagnosis is failed back syndrome. Treatment to date include: epidural injections, medication management. An adverse determination was received on 1/22/14 given there was no psychological clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intrathecal pump trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Intrathecal Drug-Delivery System (IDDSs).

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

Decision rationale: CA MTUS states that intrathecal morphine may be indicated following failure of at least 6 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. This patient has failed back syndrome and the patient is on opiate management. While an intrathecal pain pump may be appropriate, a psychological evaluation is necessary and has not been documented. Therefore, the request for an intrathecal pump trial is not medically necessary.