

<b>Case Number:</b>	CM14-0116815		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	11/16/1995
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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 Neurological Surgery 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 records presented for review indicate that this 49 year-old individual was reportedly injured on November 16, 1995. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated May 28, 2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated a 5'10", 195 pound individual who is normotensive (128/83). There is tentative palpation in the lumbar paraspinous musculature, a well healed surgical scar, and no specific neurologic findings are reported. Diagnostic imaging studies were not presented for review. Previous treatment includes lumbar surgery, a pain pump, oral medications and other pain management interventions. A request had been made for reprogramming of a pump and was not certified in the pre-authorization process on July 17, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Analyze sp inf pump w/reprog:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines IT pump Page(s): 54.

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

**Decision rationale:** The progress notes indicated that there was a need to replace the intrathecal pump. The request is to analyze the pump. Furthermore, it is not clear what medication will be used in this device. Therefore, when noting the contradiction, that there appears to be adequate pain relief with the oral medications is not clear why the pump needs to be prosecuted. As such, no medical necessity for this request could be established.