

Case Number:	CM14-0166651		
Date Assigned:	10/13/2014	Date of Injury:	04/29/2001
Decision Date:	12/31/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/09/2014

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 Spinal Surgeon and is licensed to practice in New York. 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 57 year old male with a work related injury dated 04/29/2001. Mechanism of injury is not listed in received medical records. According to a procedure noted dated 06/26/2014, the injured worker had undergone an intrathecal injection for narcotic trial for pain control. Diagnoses included chronic pain syndrome, post-laminectomy syndrome, and bilateral lower extremity radicular pain. According to a physician's note dated 07/16/2014, the injured worker had been taken off all of his oral pain medications prior to the above named procedure to obtain the status of his pain level. Prior to the procedure, the physician notes that his pain level is 7-8/10 on a daily basis and during the duration of the trial, the pain levels decreased down to a 2/10. It also stated that he was able to ambulate much better and his walking tolerance improved by 200%. No other treatments were noted. Urine drug screen testing was included within the received medical records and the Utilization Review report noted that a lumbar spine MRI was done on 01/12/2010, along with a psychological evaluation that was done on 11/06/2013. Work status is not noted in received medical records. On 09/09/2014 the Utilization Review non-certified the request for Outpatient Permanent Implantation of Intrathecal Catheter and Infusion Pump citing the MTUS Chronic Pain Treatment Guidelines. The Utilization Review physician stated that the injured worker was found not to be a good candidate for this intervention per psych evaluation due to a history of alcohol abuse. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Permanent Implantation of Intrathecal Catheter and Infusion Pump: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: This patient does not meet establish criteria for spinal intrathecal pump. Specifically, the medical records indicate that the patient had a psychiatric evaluation that has been noted to have a history of alcohol abuse. Based on the psychiatric evaluation he has not been to be an appropriate candidate for intrathecal pump placement. Based on the patient's history alcohol abuse, intrathecal spinal pump criteria not met. Therefore, outpatient permanent implantation of Intrathecal Catheter and Infusion Pump is not medically necessary and appropriate.