

Case Number:	CM14-0171120		
Date Assigned:	10/23/2014	Date of Injury:	07/14/2006
Decision Date:	11/25/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/16/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 14, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the life of the claim; and earlier lumbar spine surgery. In a Utilization Review Report dated October 9, 2014, the claims administrator denied a pain management psychologist evaluation for an intrathecal pain pump trial evaluation and also denied intrathecal pump trial at the same time. In a progress note dated September 20, 2014, the applicant reported ongoing complaints of low back pain, reportedly unchanged. The applicant acknowledged that he has failed an intrathecal pain pump trial in 2003 owing to complications of the same. The applicant stated that he nevertheless wanted to repeat the intrathecal pain pump trial. The applicant's medications included Lidoderm, Pepcid, Ambien, Percocet, and Norco, it was acknowledged. The applicant was drinking occasionally, it was stated. The applicant was having issues with heartburn. The applicant apparently complained that some of his medications have not been authorized in a timely manner. An intrathecal pain pump trial and associated psychological evaluation were sought while Lidoderm, Ambien, Pepcid, and Norco were renewed. The applicant was not working with permanent limitations in place, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Referral to pain management psychologist for IT pump trial evaluation: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluation, IDDS and SCS Page(s): 101.

Decision rationale: As noted on page 101 of the MTUS Chronic Pain Medical Treatment Guidelines, psychological evaluations are recommended pre-intrathecal drug delivery system implantation trial. In this case, the attending provider has posited that the applicant is set to embark on another intrathecal pain pump trial. Obtaining a precursor pain psychology evaluation is therefore indicated, per page 101 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is medically necessary.

Prospective request for 1 IT pump trial: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable Drug-Delivery Systems Page(s): 54.

Decision rationale: As noted on page 54 of the MTUS Chronic Pain Medical Treatment Guidelines, criteria for pursuit of an intrathecal pain pump/implantable drug delivery system for non-malignant include evidence that the applicant has obtained a precursor psychological evaluation with evaluation results stating that the applicant's pain is "not primarily psychological in origin." In this case, the applicant does not appear to have had precursor psychological evaluation. The intrathecal pump trial, thus, cannot be endorsed at this time as the prerequisite psychological evaluation has not been performed. Therefore, the request is not medically necessary.