MAXIMUS Federal Services

Case Number:	CM14-0185828		
Date Assigned:	11/13/2014	Date of Injury:	09/06/2013
Decision Date:	12/30/2014	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/07/2014

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 September 6, 2013. 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 course of the claim; consultation with a spine surgeon, who apparently endorsed surgical remedy; and extensive periods of time off of work. In a Utilization Review Report dated October 28, 2014, the claims administrator approved postoperative lumbar support, approved a front-wheeled walker, denied a pain pump for the lumbar spine, approved a commode, and approved a shower chair. The claims administrator seemingly denied the request for a pain pump on the grounds that this topic was not fully addressed in the MTUS.The applicant's attorney subsequently appealed. In a progress note dated October 27, 2014, the applicant reported persistent complaints of low back pain. The applicant was placed off of work. The applicant was reportedly pending an L4-L5 lumbar fusion surgery. On October 24, 2014 preoperative evaluation, the applicant was apparently cleared by an internist to undergo spine surgery. On October 6, 2014 orthopedic follow-up note, the applicant reported persistent complaints of low back pain radiating down the left leg. The applicant had lumbar instability at L4-L5. The attending provider suggested that the applicant pursue a lumbar decompression and fusion surgery at L4-L5, noting that the applicant had failed conservative treatment, including earlier epidural steroid injection therapy. There was no mention of the applicant's need for a pain pump here.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain pump for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Indicators for Stimulator Implantation Page(s): 107.

Decision rationale: While page 107 of the MTUS Chronic Pain Medical Treatment Guidelines acknowledged that the indicators for spinal cord stimulator implantation include failed back syndrome, complex regional pain syndrome, post amputation pain, post herpetic neuralgia, spinal cord injury, dysesthesias, pain associated with multiple sclerosis, and/or peripheral vascular disease, in this case, however, none of the aforementioned issues are seemingly present here. The applicant was apparently scheduled to undergo lumbar spine surgery in late November/early December 2014. There was no mention of the applicant's carrying a diagnosis of failed back syndrome for which the proposed pain pump could be considered. Similarly, there is no mention of the applicant carrying any other qualifying diagnosis or diagnoses, such as complex regional pain syndrome, post amputation pain, post herpetic neuralgia, spinal cord injury, dysesthesias, peripheral vascular injury, pain associated with multiple sclerosis, etc., which would compel provision of the pain pump. Multiple progress notes, referenced above, contained no references to the pain pump, including progress notes of October and November 2014, referenced above. No rationale for pursuit of the article in question was proffered on any of the progress notes, referenced above. It was not stated why a pain pump was being sought in conjunction with a request for lumbar spine surgery. Therefore, the request is not medically necessary.