

<b>Case Number:</b>	CM14-0186001		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	02/09/2006
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Physical Medicine & Rehabilitation 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:

50-year-old injured worker was supported and vessel injury of February 9, 2006. Claimant is noted to be status post lumbar laminectomy and fusion with persistent pain. The patient also sustained a concomitant right ankle fracture requiring ultimately a fusion on February 12, 2007. The claimant developed a pseudoarthrosis of the ankle with placement of bone growth stimulator on March 28, 2008. Magnetic resonance imaging (MRI) lumbar spine from March 1, 2010 discloses extensive lumbar medial facetectomy, foraminotomy and decompression nerve roots at L4-5 and L5-S1 with interbody arthrodesis at L4-5 and exploration of fusion L5-S1 on 8/8/2012. Trial pain pump was inserted on August 21, 2014. August 5, 2014 demonstrates psych evaluation with clearance for request procedure. Examination of September 25, 2014 procedure worker suffers from chronic low back pain with radiculopathy. Injury worker in a trial of a pain pump insertion on 8/21/2014 sustaining approximately 50% relief for approximately 2 hours. He states that his pain is made worse following the temporary trial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Intrathecal Pump Implant: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Indications for Implantable drug-delivery systems Page(s): 56-7. Decision based on Non-MTUS Citation ODG ;

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

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS)/Chronic Pain Treatment Guidelines, pages 52-54 recommend intrathecal pain pumps for non malignant pain with greater than 6 months and ALL of the following criteria are met: 1. Documentation, in the medical record, of the failure of 6 months of other conservative treatment modalities (pharmacologic, surgical, psychologic or physical), if appropriate and not contraindicated; and 2. Intractable pain secondary to a disease state with objective documentation of pathology in the medical record; and 3. Further surgical intervention or other treatment is not indicated or likely to be effective; and 4. Psychological evaluation has been obtained and evaluation states that the pain is not primarily psychologic in origin and that benefit would occur with implantation despite any psychiatric comorbidity; and 5. No contraindications to implantation exist such as sepsis or coagulopathy; and 6. A temporary trial of spinal (epidural or intrathecal) opiates has been successful prior to permanent implantation as defined by at least a 50% to 70% reduction in pain and documentation in the medical record of functional improvement and associated reduction in oral pain medication use. A temporary trial of intrathecal (intraspinal) infusion pumps is considered medically necessary only when criteria 1-5 above are met. Based upon the exam note from 8/21/14 there is insufficient evidence of improvement from the temporary trial or reduction in medication to warrant a permanent pain pump. Therefore the treatment is not medically necessary and appropriate.

**Intrathecal Catheter Implant and Pump System:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Indications for Implantable drug-delivery systems Page(s): 56-7. Decision based on Non-MTUS Citation ODG

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Preop testing to include EKG, CBC, HCT, HGB, CHEST X-RAY,:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter ; Preoperative lab testing

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Nasal PCR for MRSA:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.