

Case Number:	CM14-0020250		
Date Assigned:	04/25/2014	Date of Injury:	11/01/2007
Decision Date:	07/31/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/18/2014

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 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 claimant is a 50-year-old gentleman who was injured on November 1, 2007. The letter of appeal dated February 5, 2014 documented the claimant's need for intrathecal opioids, a psychological consultation, and an MRI of the thoracic spine. The letter reviewed the claimant's history including prior conservative care and that the individual did not wish to undergo any form of lumbar surgery. The letter identified that lumbar discography from July 2008 showed "positive findings", however specifics were not noted. Electrodiagnostic studies of the lower extremities from April of 2008 were documented as normal. The letter documented that the claimant continued to have chronic low back pain radiating to the lower extremities and formal exam findings showed restricted lumbar range of motion, tenderness to palpation, equal and symmetrical reflexes and 4/5 strength to the hip flexors and EHL on the left. While it is noted from previous reviews that this individual would benefit from surgical process, the recommendation for intrathecal opioids is again made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of intrathecal opioids: catheter implantation fluoroscopic guidance & iv sedation:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable Drug-Delivery Systems Section Page(s): 52-53.

Decision rationale: The request for an intrathecal opioid catheter and implementation with IV sedation would not be indicated. The California MTUS Chronic Pain Guidelines only recommend the use of implantable drug delivery systems as endstage treatment alternative for selective individuals who fail at least six months of less invasive methods following a successful temporary trial. From the clinical records reviewed, it does not appear this individual has endstage findings in his lumbar spine and there is no documentation of recent imaging or firm diagnosis of compressive pathology. It has been noted that surgical intervention has been recommended in the past. The role of intrathecal opioids in this individual who does not appear to have exhausted less invasive methods of intervention would not be indicated. The request is not medically necessary.

A Psychology consult for medical clearance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Section Page(s): 101.

Decision rationale: The requested trial of intrathecal opioids is not recommended as medically necessary. Therefore, the request for psychological consultation is not medically necessary.

MRI of the thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287.

Decision rationale: Based on California ACOEM Guidelines, the request for a thoracic MRI scan would not be indicated. The thoracic MRI was recommended in conjunction with a request for a trial of intrathecal opioids for placement purposes. The use of intrathecal opioids has not been supported by clinical records. Thus, the request for the thoracic MRI for this individual would not be supported as medically necessary.