

Case Number:	CM14-0028498		
Date Assigned:	06/16/2014	Date of Injury:	08/01/2003
Decision Date:	08/04/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	03/06/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 61-year-old male with a 8/1/03 date of injury, and C3-C5 anterior cervical decompression and fusion on 10/28/10. At the time 1/7/14 of the Decision for pump trial with fluoroscopy and moderate sedation, there is documentation of subjective (chronic and constant neck pain associated with headaches and difficulty sleeping) and objective (tenderness to palpation over the cervical spine and decreased cervical spine range of motion) findings, current diagnoses (failed back surgery, status post anterior cervical decompression and fusion, cervical spondylosis with radicular pain, and cervical dysphonia), and treatment to date (physical therapy, medications, and facet injections). 12/16/13 medical report identifies that the patient is not a surgical candidate. In addition, medical reports identify a previous psychological clearance for a SCS trial. There is no documentation of 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 No contraindications to implantation exist such as sepsis or coagulopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PUMP TRIAL WITH FLUOROSCOPY AND MODERATE 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 (IDDSs) Page(s): 52-54.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of intractable pain with a duration of greater than 6 months; failure of six (6) months of other conservative treatment modalities (pharmacologic, surgical, psychologic or physical), if appropriate and not contraindicated; intractable pain secondary to a disease state with objective documentation of pathology in the medical record; further surgical intervention is not indicated; 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 No contraindications to implantation exist such as sepsis or coagulopathy, as criteria necessary to support the medical necessity of a trial of intrathecal opioid pump. Within the medical information available for review, there is documentation of diagnoses of failed back surgery, status post anterior cervical decompression and fusion, cervical spondylosis with radicular pain, and cervical dysphonia. In addition, there is documentation of intractable pain with a duration of greater than 6 months; failure of six (6) months of other conservative treatment modalities (pharmacologic, surgical, and physical), if appropriate and not contraindicated; intractable pain secondary to a disease state with objective documentation of pathology in the medical record; and further surgical intervention is not indicated. However, despite documentation of a previous psychological clearance for a spinal cord stimulation trial, there is no documentation that 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. In addition, there is no (clear) documentation of no contraindications to implantation exist such as sepsis or coagulopathy. Therefore, based on guidelines and a review of the evidence, the request for pump trial with fluoroscopy and moderate sedation is not medically necessary.