

Case Number:	CM14-0034329		
Date Assigned:	06/20/2014	Date of Injury:	04/20/1972
Decision Date:	07/22/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/19/2014

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 and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 71 year old female who reported an injury on 04/20/1972 secondary to unknown mechanism of injury. The injured worker has received conservative care which has not provided relief from constant low back pain described as sharp, spasms, and radiating down to the right buttock. Medications have minimal effect. A tens unit was employed and brought some of the pain down but not to satisfactory levels nor a cessation in pain. The injured worker has had refills since the pump was surgically implanted but there has been no cessation to pain and the reported pain has been in the 7-10/10 range. The physician is requesting ultrasound guidance for needle placement for the intrathecal pump refills. The request for authorization and the rationale for the request were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guidance for needle placement for intrathecal pump refill: 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 Page(s): 52.

Decision rationale: The request for ultrasound guidance for needle placement for intrathecal pump refill is non-certified. The injured worker has shown no pain relief since the system has been implanted and refilled. CA MTUS guidelines for the implantable drug delivery system is to include the failure of at least six months of other conservative treatment modalities, intractable pain secondary to a disease state with objective documentation of pathology, further surgical intervention is not indicated, psychological evaluation unequivocally states that the pain is not psychological in origin, and a temporary trial has been successful prior to permanent implantation as defined by a 50% reduction in pain. The implantable drug delivery system has failed to meet that guideline as the injured worker complains of pain at 7-10/10, burning in nature, and no relief. The injured worker wants the pump removed. Per the request for ultrasound guidance, needle guidance has been charted using fluoroscopy on one occasion (12/17/2013) and two other occasions identifying the borders of the pump with the injured worker placed in either a sitting position (10/31/2013) or a supine position. (09/26/2013). On each recorded session, unused solution was aspirated via needle using sterile technique, further confirming needle placement, measured and discarded. Rationale was not provided for requesting ultrasound guidance when two forms of guidance, border identification and needle aspiration confirms placement. As such, the request is not medically necessary.