

Case Number:	CM14-0034850		
Date Assigned:	06/20/2014	Date of Injury:	05/24/2006
Decision Date:	08/13/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/20/2014

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 Florida. 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 53-year-old male who reported an injury on 05/24/2006. The mechanism of injury was not provided. On 05/07/2014, the injured worker presented with a constant aching pain. Upon examination, the injured worker reported complaints of headaches ever since his pump implantation on 01/31/2014. Prior treatment included surgery and medications. The provider recommended an outpatient implantation of an InDura intrathecal catheter, implantation of a SynchroMed pump, x-ray of the lumbar spine, and 2 views of the thoracic spine. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review for outpatient implantation of InDura Intrathecal Catheter: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 53-54.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable drug-delivery system (IDDSs), page(s) 52 Page(s): 52.

Decision rationale: The retrospective review for outpatient implantation of InDura intrathecal catheter is non-certified. The California MTUS recommend implantable drug delivery systems

for end stage treatment alternative for selected injured workers for specific conditions indicated after a failure of at least 6 months of less invasive methods and following a successful temporary trial. Generally, use of implantable pumps is FDA approved and indicated for chronic intractable pain. Treatment conditions include CRPS, diffuse cancer pain, osteoporosis, and axial somatic pain. The included documentation does not indicate that the injured worker has a diagnosis that is congruent with the Guideline recommendation for implantable drug delivery system. As such, the request is not medically necessary.

Implantation of SynchroMed Pump: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 53-54.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable drug-delivery system (IDDSs), page(s) 52 Page(s): 52.

Decision rationale: The request for implantation of a SynchroMed pump is non-certified. The California MTUS recommend implantable drug delivery systems for end stage treatment alternative for selected injured workers for specific conditions indicated after a failure of at least 6 months of less invasive methods and following a successful temporary trial. Generally, use of implantable pumps is FDA approved and indicated for chronic intractable pain. Treatment conditions include CRPS, diffuse cancer pain, osteoporosis, and axial somatic pain. The included documentation does not indicate that the injured worker has a diagnosis that is congruent with the Guideline recommendation for implantable drug delivery system. As such, the request is not medically necessary.

X-ray lumbar spine two views: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 53-54.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints, page(s) 303-305 Page(s): 303-305.

Decision rationale: The request for x-ray of the lumbar spine with 2 views is non-certified. The California MTUS/ACOEM Guidelines state lumbar spine x-rays should not be recommended in injured workers with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted at least 6 weeks. As the Guidelines do not recommend a lumbar spine x-ray, an x-ray would not be warranted. As such, the request is not medically necessary.

Thoracic spine two views for date of service 1/31/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 53-54.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for thoracic spine 2 views for date of service 01/31/2014 is non-certified. The California MTUS/ACOEM Guidelines state special studies are not needed unless a 3 or 4 week period of conservative care and observation fails to improve symptoms. Most injured workers improve quickly provided any red flag conditions are ruled out. Criteria for ordering imaging studies include emergence of a red flag, physiologic evidence of a tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of an anatomy prior to an invasive procedure. The included documentation does not indicate that the injured worker has an emergence of a red flag or physiologic evidence of a tissue insult. There was a lack of documentation of a failure to progress in a strengthening program or the need for clarification of an anatomy prior to an invasive procedure. As such, the request is not medically necessary.