

Case Number:	CM14-0038148		
Date Assigned:	06/25/2014	Date of Injury:	02/05/1999
Decision Date:	09/12/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/01/2014

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 Medicine 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 48-year-old male who reported an injury on 02/05/1999. The mechanism of injury was not provided. On 01/04/2014, the injured worker presented with left lower extremity weakness. The diagnoses were chronic low back pain and progressive left lower extremity weakness. Upon examination, the injured worker had a brace on the left lower extremity. There was diminished light touch sensation to the entire left lower extremity from L2 to S1 and deep tendon reflexes were +1/4 in the left lower extremity, patellar, and Achilles reflexes. There was a slightly antalgic gait and swinging secondary to slight foot drop on ambulation. Prior therapy included effusion and placement of a morphine pump. The provider recommended pump maintenance, fills, reprogramming, analysis, and adjustment scheduled on 03/11/2014 for the lumbar 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:

Pump maintenance, fills, reprogramming, analysis, adjustment for the lumbar spine:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Indications for Implantable drug-delivery systems.

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

Decision rationale: The request for Pump maintenance, fills, reprogramming, analysis, adjustment scheduled on 3/11/14 for the lumbar spine is not medically necessary. The California MTUS Guidelines state implantable drug delivery systems are recommended only as an end stage treatment alternative for selected patients for specific conditions indicated after failure of at least 6 months of less invasive methods and following a successful temporary trial. Results of studies of opioids for musculoskeletal conditions generally recommend short use of opioids for severe cases, not to exceed 2 weeks, and do not support chronic use for which a pump would be used. This treatment should only be used relatively late in the treatment continuum, when there is little hope for effective management of chronic intractable pain from other therapies. Indications for implantable drug delivery systems include primarily liver cancer, metastatic colorectal cancer where metastases are limited to the liver, head/neck cancer, and severe, refractory spasticity of cerebral or spinal cord origin in injured workers who are unresponsive to or cannot tolerate oral baclofen therapy. The injured worker does not have a diagnosis congruent with the Guideline recommendation for implantable drug delivery system. As such, the request for Pump maintenance, fills, reprogramming, analysis, adjustment scheduled on 3/11/14 for the lumbar spine is not medically necessary.