

Case Number:	CM14-0038907		
Date Assigned:	06/27/2014	Date of Injury:	07/06/2004
Decision Date:	08/29/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/02/2014

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 46-year-old male who reported an injury on 07/06/2004. He sustained injury while loading equipment into his trunk of his car. He lost his balance and fell in a seated position. He sustained injuries to his hands, upper and lower arms, buttocks, and low back. The injured worker's treatment history included medications, status post lumbar fusion, TENS unit, failed back syndrome, physical therapy, and failed spinal cord stimulator. The injured worker was evaluated on 01/07/2014, and it is documented the injured worker complained of pain in the low back which was rated on a pain scale at 10/10 without medication and 6/10 with medication, described as burning and aching. When pain was aggravated the injured worker experienced sharp shooting pain. The pain radiated to the right leg with numbness and tingling sensation to his toes. The provider noted the injured worker was administered a series of injections with limited improvement. Surgery was recommended and he initially declined. The injured worker had undergone a lumbar spine fusion at the L4-5 and L5-S1 levels in 07/2010 and it was noted limited improvement with postoperative therapy. However, he continued to experience significant low back and lower extremity radicular pain. The injured worker stated postoperatively he noted a gradual onset of bilateral shoulder and bilateral wrist/hand pain as well as left knee pain. He stated that the pain in his shoulders, wrist and hand was constant from the use of a cane or walker to assist in ambulation to get in and out of his chair and entering and exiting his vehicle. The injured worker stated he was administered multiple injections to the lumbar spine and had undergone a spinal cord stimulator trial. However, it did not provide any relief. The injured worker had a complete initial evaluation with a psychologist. However, the outcome measurements were not submitted for this review. Physical Examination revealed the injured worker was unable to perform the heel to toe walk. Lumbar spine examination revealed there was moderate tenderness noted over the paravertebral musculature. There was moderate

facet tenderness noted over the L4 to S1 spinous processes. Sacroiliac test right/left was positive for tenderness. Faber/Patrick's test right/left was positive. Sacroiliac thrust test right/left was positive. Yeoman's test right/left was positive. The seated straight leg raise right/left was 50 degrees. Supine straight leg raise right/left was 40 degrees. Lumbar spine range of motion on the right was 6 degrees. Lateral bending right/left was 10 degrees, flexion was 40 degrees, and extension was 0 degrees. Sensation was decreased in the L4, L5, and S1 dermatomes bilaterally. Diagnoses included status post lumbar fusion, chronic pain, opioid dependence, and failed spinal cord stimulator trial. The request for authorization dated 01/09/2014 was for intrathecal pain pump trial via placement of lumbar drain for therapeutic purposes, pre-op labs, pre-op EKG, pre-op Chest X-ray, 3days in-patient stay for delivery of intrathecal morphine procedure and C-arm fluoroscopy for placement of lumbar drain with intra operative myelography for positioning of catheter. The rationale was for prior failed lumbar fusion with no benefit of improvement, and chronic high doses of narcotics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intrathecal pain pump trial via placement of lumbar drain for therapeutic purposes:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The request Intrathecal pain pump trial via placement of lumbar drain for therapeutic purposes is not medically necessary. Per the Chronic Pain Medical Treatment Guidelines recommend implantable infusion pumps are implantable infusion pumps are considered medically necessary when used to deliver drugs for the treatment of: primary liver cancer (intrahepatic artery injection of chemotherapeutic agents); metastatic colorectal cancer where metastases are limited to the liver (intrahepatic artery injection of chemotherapeutic agents); head/neck cancers (intra-arterial injection of chemotherapeutic agents); severe, refractory spasticity of cerebral or spinal cord origin in patients who are unresponsive to or cannot tolerate oral baclofen (Lioresal) therapy (intrathecal injection of baclofen) Permanently implanted intrathecal (intraspinal) infusion pumps for the administration of opiates or non-opiate analgesics, in the treatment of chronic intractable pain, are considered medically necessary when: used for the treatment of malignant (cancerous) pain and all of the following criteria are Met: 1. Strong opioids or other analgesics in adequate doses, with fixed schedule (not PRN) dosing, have failed to relieve pain or intolerable side effects to systemic Opioids or other analgesics have developed; and 2. Life expectancy is greater than 3 months (less invasive techniques such as external infusion pumps provide comparable pain relief in the short term and are consistent with standard of care); and 3. Tumor encroachment on the thecal sac has been ruled out by appropriate testing; and No contraindications to implantation exist such as sepsis or coagulopathy; and 5. A temporary trial of spinal (epidural or intrathecal) opiates has been successful prior to permanent implantation as defined by a 50% reduction in pain. A temporary

trial of intrathecal (intraspinal) infusion pumps is considered medically necessary only when criteria 1-4 above are met. The documents submitted the provider failed to provide a psychological evaluation report and that no contraindications to implantation exist such as sepsis or coagulopathy. The request submitted failed to indicate the date of the surgery. Given the above, at this time it is not medically necessary.

Pre-op to include: Labs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back & Lumbar & Thoracic (Acute & Chronic) Preoperative Testing, General.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-op EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back & Lumbar & Thoracic (Acute & Chronic) Preoperative Testing, General. Preoperative Electrocardiogram (ECG).

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-op Chest X-Ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back & Lumbar & Thoracic (Acute & Chronic) Preoperative Testing, General. Preoperative Lab Testing.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

3 Days In-Patient Stay for delivery of intrathecal morphine procedure: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

C-Arm fluoroscopy for placement of lumbar drain with intra operative myelography for positioning of catheter: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Indications for Implantable Drug-Delivery Systems, pages 53-54 Page(s): 53-54.

Decision rationale: The requested is not medically necessary. Per Chronic Pain Medical Treatment Guidelines state that indications for permanently implantable infusion pumps are considered medically necessary when used to deliver drugs for the treatment of: primary liver cancer (intrahepatic artery injection of chemotherapeutic agents); metastatic colorectal cancer where metastases are limited to the liver (intrahepatic artery injection of chemotherapeutic agents); head/neck cancers (intra-arterial injection of chemotherapeutic agents); severe, refractory spasticity of cerebral or spinal cord origin in patients who are unresponsive to or cannot tolerate oral baclofen (Lioresal) therapy (intrathecal injection of baclofen) Permanently implanted intrathecal (intraspinal) infusion pumps for the administration of opiates or non-opiate analgesics, in the treatment of chronic intractable pain, are considered medically necessary when: used for the treatment of malignant (cancerous) pain and all of the following criteria are met: 1. Strong opioids or other analgesics in adequate doses, with fixed schedule (not PRN) dosing, have failed to relieve pain or intolerable side effects to systemic. Opioids or other analgesics have developed; and 2. Life expectancy is greater than 3 months (less invasive techniques such as external infusion pumps provide comparable pain relief in the short term and are consistent with standard of care); and 3. Tumor encroachment on the thecal sac has been ruled out by appropriate testing; and 4. No contraindications to implantation exist such as sepsis or coagulopathy; and 5. A temporary trial of spinal (epidural or intrathecal) opiates has been successful prior to permanent implantation as defined by a 50% reduction in pain. A temporary trial of intrathecal (intraspinal) infusion pumps is considered medically necessary only when criteria 1-4 above are met. Used for the treatment of non-malignant (non-cancerous) pain with a duration of greater than 6 months and all of the following criteria are met: 1. Documentation, in the medical record, of the failure of 6 months of other conservative treatment modalities (pharmacologic, surgical, psychological or physical), if appropriate and not contraindicated; and 2. Intractable pain is secondary to a disease state with objective documentation of pathology in the medical record; and 3. Further surgical intervention or other treatment is not indicated or likely to be effective; and 4. Psychological evaluation has been obtained and evaluation states that the pain is not primarily psychological in origin and that benefit would occur with

implantation despite any psychiatric comorbidity; 5. No contraindications to implantation exist such as sepsis or coagulopathy; 6. A temporary trial of spinal (epidural or intrathecal) opiates has been successful prior to permanent implantation as defined by at least a 50% to 70% reduction in pain and documentation in the medical record of functional improvement and associated reduction in oral pain medication use. A temporary trial of Intrathecal (intraspinal) infusion pumps is considered medically necessary only when the criteria 1-5 above are met. The documents submitted the provider failed to provide a psychological evaluation report and that no contraindications to implantation exist such as sepsis or coagulopathy. The request submitted failed to indicate the date of the surgery. Given the above, at this time it is not medically necessary.