

<b>Case Number:</b>	CM14-0043665		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	10/05/2007
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	03/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2014

### 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 Emergency Medicine and is licensed to practice in New York. 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 patient is a 57-year-old female who was injured on October 5, 2007. The patient continued to experience pain in lower back and urinary incontinence. Physical examination was notable for decreased sensation to the perineum, left greater than right. Diagnoses included spinal stenosis of the lumbar region and severe bladder dysfunction. Treatment included surgery, interstim bladder device, and medication. Request for authorization for postoperative pain pump was submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Retro Post-operative infusion pain pump (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 (ODG), 2013 Low Back Chapter Official Disability Guidelines (ODG), Shoulder, Postoperative pain pump.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Postoperative pain pump.

**Decision rationale:** The use of postoperative pain pump is not recommended. Three recent moderate quality random control trials did not support the use of pain pumps. Before these

studies, evidence supporting the use of ambulatory pain pumps existed primarily in the form of small case series and poorly designed, randomized, controlled studies with small populations. Much of the available evidence has involved assessing efficacy following orthopedic surgery, specifically, shoulder and knee procedures. The request is not medically necessary.