

Case Number:	CM14-0052086		
Date Assigned:	07/07/2014	Date of Injury:	03/05/2007
Decision Date:	08/19/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/21/2014

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 Spine Surgery and is licensed to practice in Texas. 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 37-year-old female who reported an injury on 03/05/2007 after being assaulted by a student. The worker reportedly sustained an injury to his left hand and ultimately developed a reflex sympathetic dystrophy syndrome of the upper and lower extremity. The injured worker underwent intrathecal pump implantation. The injured worker was evaluated on 02/20/2014. It was noted that the injured worker had had some increases in pain and numbness. The injured worker's pump was refilled and reprogrammed at this appointment. The injured worker was seen again on 03/17/2014. It was documented that the injured worker's pain pump was refilled and reprogrammed. The injured worker was evaluated on 04/07/2014. It was documented that a request was made for replacement of the patient's intrathecal pain pump at the lower quadrant of her abdomen. It is noted that the patient's pain pump covers her upper extremities and is located in the left lower quadrant of her abdomen. Physical findings included tremors noted throughout the bilateral upper extremities with increased fine motor movement and allodynic skin changes with notable temperature changes. It was noted that the patient's pain pump was refilled and reprogrammed. It was noted that since the time of the last visit, the injured worker's pain had remained consistent. Additional request for a replacement of the intrathecal pain pump to the left lower quadrant of the abdomen with a 1 day inpatient stay was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Replacement of the intrathecal pump in the left lower quadrant of the abdomen with a 1 day inpatient stay: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 53. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Hospital Length of Stay.

Decision rationale: Replacement of the intrathecal pain pump in the left lower quadrant of the abdomen with 1 day inpatient stay is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends intrathecal pain pump placement for patients who have exhausted all other types of treatment and has a diagnosis of complex regional pain syndrome. The clinical documentation does support that the patient has complex regional pain syndrome and an intrathecal pain pump. However, there is no documentation that the patient's intrathecal pain pump is not providing adequate coverage. There is no documentation that the patient is coming in for unscheduled visits, running out of medication inappropriately. The clinical documentation does indicate that the patient has persistent pain. However, this would be expected due to the patient's disease process. It appears from the clinical documentation submitted for review that the patient's plan provides adequate pain control. The California Medical Treatment Utilization Schedule does not address hospital inpatient stays. Official Disability Guidelines recommend a 3 day inpatient stay for intrathecal pain pump implantation. The request would be within that recommendation, however the clinical documentation does not support that the patient is a candidate for replacement. Therefore, an inpatient stay would also not be supported. As such, the requested replacement of the intrathecal pump in the left lower quadrant of the abdomen with a 1 day inpatient stay is not medically necessary or appropriate.