

Case Number:	CM14-0055289		
Date Assigned:	07/07/2014	Date of Injury:	10/01/2003
Decision Date:	09/09/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/24/2014

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 Management and is licensed to practice in California. 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 60-year-old female who has submitted a claim for Lumbar Disc Degeneration, Chronic Pain, Failed Back Surgery Syndrome, Lumbar Radiculopathy, and Iatrogenic Opioid Dependency associated with an industrial injury date of October 1, 2003. Medical records from 2005 through 2014 were reviewed, which showed that the patient complained of neck pain radiating down the right upper extremity, aggravated by activity and walking. She also complained of low back pain radiating down the bilateral lower extremities, accompanied by numbness and muscle weakness, and aggravated by activity, standing, and walking. She also complained of frequent and severe muscle spasms in the low back. The patient also had insomnia associated with ongoing pain. Pain was rated 7/10 with medications and 10/10 without medications. On physical examination, gait was antalgic and slow. She ambulated with a cane. Lumbar spine examination revealed spasm in the paraspinal musculature. Tenderness was noted in the L4-S1 paravertebral area. Lumbar spine range of motion was severely limited. There was decreased sensation along the L5-S1 dermatome in both lower extremities. There was also weakness of the extensor muscles along the L4-S1 dermatome in both lower extremities. Treatment to date has included medications, physical therapy, aquatic therapy, home exercise program, trigger point injections, lumbar spine fusion, spinal cord stimulator implantation, and intrathecal pump implantation. Utilization review from March 31, 2014 denied the request for Lumbar intrathecal pump replacement with 23-hour hospital admission because of a lack of rationale to replace the pump.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar intrathecal pump replacement with 23 hour hospital admission: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable drug-delivery systems (IDDSs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable Drug-Delivery Systems (IDDSs) Page(s): 52-54.

Decision rationale: According to pages 52-54 of the CA MTUS Chronic Pain Medical Treatment Guidelines, permanently implanted intrathecal (intraspinal) infusion pumps in the treatment of chronic intractable pain are considered medically necessary when used for the treatment of non-malignant pain with a duration of greater than 6 months and all of the following criteria are met: (1) documentation of failure of 6 months of other conservative treatment modalities; (2) intractable pain with objective documentation of pathology in the medical record; (3) further surgical intervention or other treatment is not indicated or likely to be effective; (4) psychological evaluation has been obtained; (5) no contraindications to implantation exist; and (6) a temporary trial of spinal opiates has been successful prior to permanent implantation. In this case, the request for a replacement intrathecal pump was made because the patient's current intrathecal pump has reached end of service life and required replacement. Although the records showed that the patient has failed conservative treatment, there was no discussion regarding absence of other treatment options likely to be effective. A psychological evaluation was also not included in the records for review. Contraindications to implantation were also not addressed. The criteria were not met. Therefore, the request for Lumbar intrathecal pump replacement with 23-hour hospital admission is not medically necessary.