

Case Number:	CM14-0057229		
Date Assigned:	07/09/2014	Date of Injury:	10/22/1999
Decision Date:	09/03/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/28/2014

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 Internal Medicine 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:

Progress report dated 4/7/2014 documented subjective complaints of chronic left sided neck pain which radiates into the shoulder down the arm into the ulnar side of the fingers, cervicogenic headache. A physical examination was documented. This is an otherwise healthy appearing male, looking stated age, in no acute distress, alert and oriented with no signs of sedation or withdrawal, and appropriate otherwise. On exam the patient is presenting with cane now. He notes increase in baseline neck condition including headache but tolerable when he has full current regimen of medications. He has occipital tenderness as well as tenderness in left shoulder region. Diagnoses included chronic severe neck pain, cervicogenic headache, and status multiple level cervical spine fusion C2-C7. Treatment plan included continuation of medication regimen, including Gralise, Zomig, Baclofen, Fortesta, Zanaflex, Dexilant, Methadone 10mg po q8hrs prn, Dilaudid 4mg po QID, Duexis, Flexeril, and consideration of IT pump. Progress report dated 03-06-2014 documented that the patient was doing very well on medications and functioning much better with the regimen of medications. CT (computed tomography) of cervical spine 06/21/13 reported that post surgical changes are seen at C4-5 and C5-6 with the central canal and neural foramina at these levels not well demonstrated. No evidence of recurrent or residual disc disease at these levels. A 2.0 mm bulging of the disc is noted at C6-7 without central canal or neural foraminal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intrathecal (IT) Pump Trial: 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): 52-55.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses intrathecal (IT) pumps and implantable drug-delivery systems (IDDSs). Permanently implanted intrathecal (intraspinous) 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 non-malignant (non-cancerous) pain with a duration of greater than 6 months and all of the following criteria are met: documentation, in the medical record, of the failure of 6 months of other conservative treatment modalities (pharmacologic, surgical, psychologic or physical); intractable pain secondary to a disease state with objective documentation of pathology in the medical record; further surgical intervention or other treatment is not indicated or likely to be effective; and psychological evaluation has been obtained and evaluation states that the pain is not primarily psychologic in origin and that benefit would occur with implantation despite any psychiatric comorbidity. Progress report dated 03-06-2014 documented that the patient was doing very well on medications and functioning much better with the regimen of medications. Failure of medications was not documented. Medications were reported to be beneficial. A CT of cervical spine 06/21/13 reported that post surgical changes were seen at C4-5 and C5-6 with the central canal and neural foramina at these levels not well demonstrated. No evidence of recurrent or residual disc disease at these levels. A 2.0 mm bulging of the disc is noted at C6-7 without central canal or neural foraminal stenosis. Objective evidence of pathology was not demonstrated on the CT scan. Medical records do not contain a psychological evaluation that states that the pain is not primarily psychologic in origin and that benefit would occur with implantation despite any psychiatric comorbidity. The medical records do not support the medical necessity of intrathecal (IT) pump. Therefore, the request for Intrathecal (IT) Pump Trial is not medically necessary. Progress report dated 03-06-2014 documented that the patient was doing very well on medications and functioning much better with the regimen of medications. Failure of medications was not documented. Medications were reported to be beneficial. CT of cervical spine 06/21/13 reported that post surgical changes were seen at C4-5 and C5-6 with the central canal and neural foramina at these levels not well demonstrated. No evidence of recurrent or residual disc disease at these levels. 2.0 mm bulging of the disc is noted at C6-7 without central canal or neural foraminal stenosis. Objective evidence of pathology was not demonstrated on the CT scan. Medical records do not contain a psychological evaluation that states that the pain is not primarily psychologic in origin and that benefit would occur with implantation despite any psychiatric comorbidity. The medical records do not support the medical necessity of intrathecal (IT) pump. Therefore, the request for Intrathecal (IT) Pump Trial is Not medically necessary.