

Case Number:	CM14-0064549		
Date Assigned:	07/11/2014	Date of Injury:	09/09/2011
Decision Date:	08/22/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/07/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas & Oklahoma. 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 51-year-old female who reported an injury on 09/09/2011. The diagnosis was thoracic/lumbosacral neuritis/radicular unspecified. The documentation indicated the injured worker underwent a CT of the lumbar spine and an MRI of the lumbar spine. Prior treatments included epidural injections and a TENS unit. The prior surgeries included the lumbar spine, cervical spine and shoulder surgery. The documentation of 03/18/2014 revealed the injured worker stopped using her TENS unit and her pain was 8/10. The injured worker complained of neck pain with numbness behind the ears, and shooting, stabbing sudden pain that radiated from the neck down into both shoulders. The low back was noted to be painful with radiation down the right leg and behind her leg with numbness with the right leg. The right shoulder blade was noted to be painful and produced pain that shoots under the injured worker's breasts with numbness and irritation on the right. The objective findings revealed tenderness over the right sciatic notch. The diagnoses included musculoligamentous sprain of the cervical spine with upper extremity radiculitis, status post anterior cervical exploration of the right spinal canal, disc bulges at C2-3 per MRI, C2-3, C4-5, and C5-6 per MRI of 12/09/2011, a tear of the glenoid labrum right shoulder, partial tear of the rotator cuff right shoulder, tendinitis right shoulder, musculoligamentous sprain of the lumbar spine with lower extremity radiculitis, disc bulge L4-5 per MRI of 12/09/2011, and disc bulges L3-4 and L4-5 per CT scan of 03/07/2012, status post right mid and inferior laminotomy, superior S1 laminotomy, partial mesial facetectomies and neural foraminotomies 05/02/2012, degenerative changes of the acromioclavicular joint right shoulder, and status post right shoulder arthroscopy with partial resection of glenoid labrum and debridement of rotator cuff along with manipulation. The treatment plan included a trial of an intrathecal morphine pump. Medications included Celebrex 200 mg #60, Tramadol 50 mg #200,

and continuation of Hydrocodone/APAP 5/325 and Lunesta 3 mg. The documentation indicated they were awaiting therapy 2 times a week for 4 weeks for the right shoulder and authorization for an EMG/NCV, as well as a DGS 500 lumbar traction belt and the injured worker was to continue the use of an H-wave unit as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial placement intrathecal pain pump: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation Recommended only as an end-stage treatment alternative for selected patient for specific conditions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cordstimulators), page 101, does not address criteria for intrathecal pain pump Page(s): 101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Implantable drug-delivery systems (IDDSs).

Decision rationale: The California MTUS Guidelines recommend psychological evaluations prior to intrathecal drug delivery system trials. They do not specifically address intrathecal pain pumps. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that implantable drug delivery systems are an end stage treatment only for selected injured workers with specific conditions including nonmalignant cancerous pain with a duration of greater than 6 months and documentation of a failure of at least 6 months of conservative treatment including pharmacological, injection, surgical, psychological or physical, and intractable pain secondary to the disease state with objective documentation of pathology in the medical record, and documentation that further surgical intervention and other treatment is not indicated or is likely to be ineffective, and a psychological evaluation has been obtained. The clinical documentation submitted for review indicated there was a request per another physician for the intrathecal pain pump trial. However, the other physician note where the pump was requested was not provided. There was no documentation of the above criteria. There was no objective documentation to support the necessity for a trial placement of an Intrathecal Pain Pump. Additionally, there was a lack of documentation of a psychological examination. Given the above, the request for a trial placement for an Intrathecal Pain Pump is not medically necessary.