

Case Number:	CM14-0089941		
Date Assigned:	09/10/2014	Date of Injury:	04/09/1996
Decision Date:	10/10/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	06/13/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in 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 47-year-old female who reported an injury on 04/09/1996 due to an unknown mechanism. Diagnoses were unspecified urinary incontinence, chronic pain, reflex sympathetic dystrophy, obesity, and fibromyalgia. Past treatments were medications and physical therapy. Physical examination on 08/01/2014 revealed complaints of constant pain. Location of the pain was in the back and the left leg. Examination revealed speech was fluent and cognition was intact. The injured worker was there for a pump maintenance to refill the medication. It was reported that the injured worker reported the pain to be 5/10 with 10 percent relief to the back and left leg pain. Treatment plan was for office visit to reprogram the pain pump and decision for electronic analysis of implanted neurostimulator pulse system #2. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electronic Analysis of Implanted Neurostimulator Pulse System #2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable Drug Delivery System (IDDSs) Page(s): 53.

Decision rationale: The decision for electronic analysis of implanted neurostimulator pulse system #2 is not medically necessary. The California Medical Treatment Utilization Schedule states for refills of IDDS's dispensed drugs according to instructions programmed by the clinician to deliver a specific amount of drug per day or to deliver varying regimens based on flexible programming options, and the pump may need to be refilled at regular intervals. The time between refills will vary based on pump reservoir size, drug concentration, dose, and flow rate. A programming session, which may occur along with or independent of a refill session, allows the clinician to adjust the patient's prescription as well as record or recall important information about the prescription. The rationale was not reported for why the provider needed electronic analysis of the implanted neurostimulator pulse system. The clinical information submitted for review does not provide evidence to justify the decision for electronic analysis of implanted neurostimulator pulse system #2. Therefore, this request is not medically necessary.

Office visit to reprogram Pain Pump: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Implantable Drug Delivery System (IDDSs) Page(s): 53.

Decision rationale: The decision for office visit to reprogram pain pump is not medically necessary. The California Medical Treatment Utilization Schedule states for refills of IDDS's dispensed drugs according to instructions programmed by the clinician to deliver a specific amount of drug per day or to deliver varying regimens based on flexible programming options, and the pump may need to be refilled at regular intervals. The time between refills will vary based on pump reservoir size, drug concentration, dose, and flow rate. A programming session, which may occur along with or independent of a refill session, allows the clinician to adjust the patient's prescription as well as record or recall important information about the prescription. The rationale was not reported for why the provider needed electronic analysis of the implanted neurostimulator pulse system. The clinical information submitted for review does not provide evidence to justify the decision for electronic analysis of implanted neurostimulator pulse system #2. Therefore, this request is not medically necessary.