

<b>Case Number:</b>	CM14-0092551		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	02/17/1997
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2014

### 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:

According to the records made available for review, this is a 49-year-old female with a 2/17/97 date of injury and status post numerous lumbar fusion surgeries. At the time of the request for authorization, there is documentation of debilitating back pain, tenderness to palpation about the lumbar paravertebral musculature and sciatic notch region, trigger points and taut bands with tenderness to palpation noted throughout, decreased lumbar spine range of motion, and decreased sensory examination along the posterior lateral thigh and posterior medial calf in approximately the L5 or S1 distribution. Current diagnoses include lumbar post-laminectomy syndrome, status post L4-5 and L5-S1 posterior lumbar interbody fusion (2007), bilateral lower extremity radiculopathy left greater than right, cervical myoligamentous injury, situational depression, lumbar spinal cord stimulator implant ANS on 11/1/12, and medication induced gastritis. Treatment to date has been medication and a spinal cord stimulator.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Intrathecal Pump Replacement:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Implantable infusion Pumps Page(s): 53-54.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Implantable drug-delivery systems (IDDS) Page(s): 52-54.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that an intrathecal opioid pump trial may be recommended with documentation of chronic intractable pain with a duration of greater than 6 months; failure of six (6) months of other conservative treatment modalities (pharmacologic, surgical, psychologic or physical), if appropriate and not contraindicated; intractable pain secondary to a disease state with objective documentation of pathology in the medical record; further surgical intervention is not indicated; 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; and no contraindications to implantation exist such as sepsis or coagulopathy. Within the medical information available for review, there is documentation of diagnoses of lumbar post-laminectomy syndrome, status post L4-5 and L5-S1 posterior lumbar interbody fusion 2007, bilateral lower extremity radiculopathy left greater than right, cervical myoligamentous injury, situational depression, lumbar spinal cord stimulator implant ANS on 11/1/12, and medication induced gastritis. In addition, there is documentation of a request for a trial of intrathecal morphine. Furthermore, there is documentation of chronic tractable pain with a duration of greater than 6 months; failure of six (6) months of other conservative treatment modalities (pharmacologic, surgical, psychologic or physical), if appropriate and not contraindicated; and intractable pain secondary to a disease state with objective documentation of pathology in the medical record. However, there is no documentation that further surgical intervention is not indicated; 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; and no contraindications to implantation exist such as sepsis or coagulopathy. Therefore, based on guidelines and a review of the evidence, the request for intrathecal pump replacement is not medically necessary.