

Case Number:	CM14-0095436		
Date Assigned:	07/25/2014	Date of Injury:	02/17/1997
Decision Date:	12/17/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/23/2014

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, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 02/17/97 when, while working with medical records, she bent over and injured her low back. EMG/NCS testing in January 2006 showed findings of lumbar radiculopathy and an MRI of the lumbar spine in February 2007 showed L4-5 disc protrusions. In 2007, the claimant underwent a multilevel lumbar fusion. Subsequent treatments included medications and implantation of a spinal cord stimulator in November 2012. The claimant was seen on 03/24/12. She was having increasing back pain radiating to the lower extremities. Pain was rated at 8/10. A spinal cord stimulator trial had not provided significant coverage for her low back and leg pain. Medications referenced are Opana, Norco, Soma, Neurontin, Prilosec, Zanaflex, Abilify, Topamax, and Mirapex. Physical examination findings included an antalgic gait with lumbar paraspinal muscle and sciatic notch tenderness. There were multiple trigger points. There was decreased lumbar spine range of motion. There was normal strength with decreased lower extremity sensation. Straight leg raising was positive bilaterally. An intrathecal opioid pump was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intrathecal Pump Placement 10mg/ml: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Implantable drug delivery systems (IDDSs)

Decision rationale: The claimant is more than 15 years status post work-related injury and continues to be treated for failed back surgery syndrome. Treatments have included medications and a spinal cord stimulator. An implantable drug delivery system is recommended only as an end-stage treatment alternative for selected patients for specific conditions following a successful temporary trial defined by at least a 50% to 70% reduction in pain and documentation in the medical record of functional improvement and associated reduction in oral pain medication use. In this case, there is no documented successful trial and therefore this request is not medically necessary.