

Case Number:	CM13-0043185		
Date Assigned:	01/03/2014	Date of Injury:	01/03/1990
Decision Date:	01/22/2015	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/22/2013

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 Interventional Spine 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:

The patient is a 66-year-old male with a date of injury of 01/03/1990. Per treating physician report dated 07/19/2013, the patient presents with continued low back pain with left radicular pain. Pain is characterized as severe with radiation and rated as 7/10 currently. The patient is utilizing Xanax, Norco, and tizanidine. The patient reports that medications are "working good." Examination revealed patient "appears to be chronically ill." Gait is Antalgic and unsteady. He has atrophy of both upper and lower extremities, "probably on the basis of diabetic amyotrophy in addition to his radicular pains and that he has had surgeries both on his neck and back." Straight leg raise is positive on the left. The listed diagnosis is post laminectomy syndrome cervical (3 times) and lumbar (3 times), on high potency, high-dose narcotics, and adjuvants. Treatment plan is for patient to taper as much as possible opioid medications. It was noted that prior tapering of medications were unsuccessful and previous attempts at a pump several years ago were simply "met with no response." The treating physician would like to request an intrathecal pump trial/implant and pain management follow-up for 6 months. The utilization review denied the request on 10/16/2013. Treatment reports from 04/17/2013 through 10/02/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTRATHECAL PUMP TRAIL/IMPLANT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines IMPLANTABLE DRUG DELIVERY SYSTEM/TRIALS.

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

Decision rationale: This patient presents with chronic severe low back pain that radiates into the left lower extremity. The current request is for intrathecal pump trial/implant. MTUS page 53 Indications for Implantable drug-delivery systems: has the following in the pain section, which states, Indications for implantable drug delivery system when it is used for the treatment of non-malignant pain with a duration of greater than six months and all of the following criteria are met: 1. Documentation, in the medical record, of the failure of 6 months of other conservative treatment modalities (pharmacologic, surgical, psychologic or physical), if appropriate and not contraindicated; 2. Intractable pain secondary to a disease state with objective documentation of pathology in the medical record; 3. Further surgical intervention or other treatment is not indicated or likely to be effective; 4. 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; 5. No contraindications to implantation exist such as sepsis or coagulopathy; 6. A temporary trial of spinal (epidural or intrathecal) opiates has been successful prior to permanent implantation as 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. A temporary trial of intrathecal (intraspinal) infusion pumps is considered medically necessary only when criteria 1-5 above are met. In this case, there is no discussion of a psychological clearance as required by ODG for an intra-theal pump trial. The requested intrathecal pump is not medically necessary.

PAIN MANAGEMENT FOLLOW UP FOR 6 MONTHS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG TWC, Pain procedure policy, office visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: This patient presents with chronic severe low back pain that radiates into the left lower extremity. The current request is for pain management follow up for 6 months. ACOEM Topics chapter 12, Low Back, page 303, for Follow-up Visits has the following, "Patients with potentially work-related low back complaints should have follow up every three to five days by a midlevel practitioner or physical therapist who can counsel the patient about avoiding static positions, medication use, activity modification, and other concerns. Physician follow-up might be expected every four to seven days if the patient is off work and seven to fourteen days if the patient is working." The request pain management follow up for the next 6 months are within guidelines, as this patient has severe chronic pain and is on high-dose opiate. The requested follow up is medically necessary.