

Case Number:	CM14-0186428		
Date Assigned:	11/14/2014	Date of Injury:	06/12/2006
Decision Date:	01/07/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/10/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 58 year old male who was injured on 6/12/2006 after falling into a hole. He was diagnosed with cervical pain, cervical spondylosis, lumbar pain, lumbar spondylosis, and chronic pain. He was treated with cervical surgery, medications, physical therapy, cervical medial branch blocks, cervical epidural injections, and later an intrathecal pump was surgically implanted in 2008. The most recent progress note prior to the request was dated 8/1/2014, when the worker was seen by his pain specialist for a medication management visit. The worker complained of continual neck and low back pain without change in his pain levels, rated 7/10 on the pain scale. He reported no pump-related side effects. He was then recommended to continue oral pain medications as well as the pump. A documentation describing a phone call had by the requesting provider with a previous reviewer dated 8/13/2014 stated that rather than approving more oral medications with the intention to eventually remove the intrathecal pump (requested by the provider), the reviewer suggested the worker have the pump revised/replaced. Later, on 10/29/14, a request for an intrathecal pump replacement/revision was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pump replacement and pump catheter revision: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The MTUS Chronic Pain Treatment Guidelines state that implantable drug-delivery systems are recommended only as an end-stage treatment alternative for selected patients after failure of at least 6 months of less invasive methods, and following a successful temporary trial and for the purpose of facilitating restoration of function and return to activity, and not just for pain reduction. The implantable infusion pump is indicated for malignant pain and also non-malignant pain with documentation of failure of less invasive methods for at least 6 months, intractable pain secondary to a disease state with objective documentation of pathology, further surgical intervention or other treatment is not indicated or likely to be effective, psychological evaluation has been obtained and evaluation states that the pain is not primarily psychological in origin, no contraindications to implantation (sepsis, coagulopathy, etc.), and a temporary trial of spinal opiates has been successful by at least 50-70% reduction in pain and associated reduction in oral pain medication. An infusion pump trial (rather than spinal injection) may be considered medically necessary only when all other criteria are met. Refill timing for implantable drug-delivery systems will vary based on pump reservoir size, drug concentration, dose, and flow rate. In the case of this worker, it is not clear as to the reasoning for a replacement/revision of the intrathecal pump as there was no documented evidence for failure or any reported symptoms related to its use that would require it being removed or replaced. Therefore, the pump revision and catheter revision is not medically necessary until more information helps justify the request.