

Case Number:	CM14-0208984		
Date Assigned:	12/22/2014	Date of Injury:	04/29/2009
Decision Date:	02/18/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 54 years old female patient who sustained an injury on 5/7/2009. She sustained the injury due to tripped on a washer hose and fell backward. The current diagnoses include post thoracolumbar fusion syndrome, cervical and lumbar radiculopathy and anxiety and depression. Per the doctor's note dated 11/20/14, she was tearful and frustrated. The physical examination revealed 5/5 strength in upper and lower extremities, normal sensation, normal gait, slight restriction to range of motion of neck and low back due to pain, positive Spurling's sign and straight leg raising bilaterally. The medications list includes norco, gabapentin, paxil, seroquel, valium and omeprazole. She has had an MRI of the lumbar spine which revealed status post fusion of T11-T12 with no herniation, nucleus pulposus, or significant disc bulge seen in the lumbar region; an MRI of the cervical spine which showed muscle spasm in the neck, at C6-C7 a 2.5-mm broad-based posterior disc bulge in the anterior thecal sac, and at the level of C4-C5 and C5-C6, a 1.5-mm broad based posterior disc bulge causing indentation of the anterior thecal sac; the EMG/Nerve Conduction study dated 6/11/14 which revealed fibrillations in the cervical paraspinal muscles. Everything else was normal, which may be indicative of an acute cervical radiculopathy in the lower cervical levels; an MRI of the cervical spine on 2/20/2013 which revealed probable muscle spasm in the neck, at the level of C6-C7, there is a 2.5-mm broad-based posterior disc bulge, indenting the anterior thecal sac, at the levels of C4-C5 and C5-C6, there is 1.5-mm broad-based posterior disc bulges, causing indentation of the anterior thecal sac; an MRI of the lumbar spine on February 20, 2013 which revealed status post fusion of T11 through L2 and no herniation of nucleus pulposus or significant disc bulging seen in the lumbar

region; EMG/NCS dated 4/10/13 which revealed cervical radiculopathy. She has undergone spinal cord stimulator trial on 6/19/14 without good result; thoracic spine fusion T11-12. She has had a TENS unit and trigger point injections for this injury. She has had urine drug screen on 7/21/14 and 9/3/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Intrathecal Pump System Placement: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Intrathecal Pumps.

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

Decision rationale: Per the cited guidelines implantable drug delivery system is "Recommended only as an end-stage treatment alternative for selected patients for specific conditions indicated below, after failure of at least 6 months of less invasive methods, and following a successful temporary trial. Results of studies of opioids for musculoskeletal conditions (as opposed to cancer pain) generally recommend short use of opioids for severe cases, not to exceed 2 weeks, and do not support chronic use (for which a pump would be used), although IDDSs may be appropriate in selected cases of chronic, severe low back pain or failed back syndrome. This treatment should only be used relatively late in the treatment continuum, when there is little hope for effective management of chronic intractable pain from other therapies." In addition per the cited guidelines "- Used for the treatment of non-malignant (non-cancerous) pain with a duration of greater than 6 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; and 2. Intractable pain secondary to a disease state with objective documentation of pathology in the medical record; and 3. Further surgical intervention or other treatment is not indicated or likely to be effective; and 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; and 5. No contraindications to implantation exist such as sepsis or coagulopathy; and 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." Per the records provided patient had chronic neck and low back pain, anxiety and depression with history of failed back surgery syndrome. Evidence of failure of conservative treatment including physical therapy visits is not specified in the records provided. Evidence that pain is not due to psychiatric comorbidity or psychologic in origin is not specified in the records provided. A temporary trial of spinal (epidural or intrathecal) opiates with 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 is not specified in the records provided. The medical necessity of 1 Intrathecal Pump System Placement is not fully established for this patient.