

Case Number:	CM14-0209875		
Date Assigned:	12/22/2014	Date of Injury:	06/12/2006
Decision Date:	02/19/2015	UR Denial Date:	12/09/2014
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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 57-year-old man who sustained a work-related injury on June 12, 2006. Subsequently, the patient developed a chronic neck and back pain for which the patient underwent the cervical fusion. According to a progress report dated on June 10, 2014, the patient was complaining of ongoing neck and back pain with a severity rated 7-8/10. The patient physical examination demonstrated normal neurological examination, and cervical tenderness with pain loading of the cervical facets. The provider requested authorization for Intrathecal Pump Removal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intrathecal Pump Removal: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 52,53.

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

Decision rationale: According to MTUS guidelines, “Implantable drug-delivery systems (IDDSs) is recommended only as an end-stage treatment alternative for selected patients for specific conditions indicated below (Cancer conditions), after failure of at least 6 months of less invasive methods, and following a successful temporary trial”. The patient is carrying an intrathecal pump without any documentation of pump dysfunction, failure or objective signs of the pump being a contributing factor to the patient pain. Therefore, this request is not medically necessary.