

Case Number:	CM15-0005993		
Date Assigned:	01/26/2015	Date of Injury:	01/06/2004
Decision Date:	03/13/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/12/2015

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 injured worker is a 52 year old male who sustained an industrial injury on 1/6/04. The injured worker reported symptoms in the back. The diagnoses included lumbar post laminectomy syndrome, status post L3-4, L4-5 and L5-S1 interbody fusion with revision x3, bilateral lower extremity radiculopathy, successful spinal cord stimulator implant in 2002 and trial in March 2010, status post fusion exploration and extension to L2-3 on 1/11/13 complication with postoperative infection, resolved. Treatments to date have included oral pain medications, status post fusion, Penta Palle Lead insertion, home exercise program, physical therapy, non-steroidal anti-inflammatory drugs, oral muscle relaxants, and trigger point injections. PR2 dated 9/30/14 noted the injured worker presents with "pain in his lower back with radicular symptoms in his lower extremities" the treating physician is requesting intrathecal drug delivery system trial and an orthopedic mattress. On 1/9/15, Utilization Review non-certified a request for intrathecal drug delivery system trial and an orthopedic mattress. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intrathecal drug delivery system: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable drug delivery systems.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable drug-delivery systems (IDDSs) Page(s): 51-54.

Decision rationale: MTUS states, 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. MTUS further states, 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. The provided medical record notes > 6 months of conservative therapy, continued intractable pain, an appropriate psychologic evaluation, documentation of an efficacious trial of IT pain therapy and no apparent contraindications. The one point in question would be whether additional surgery may be useful in controlling this individuals pain. My review of the records and the significant body of research regarding the therapeutic benefit of revision surgery (in this case multiple revisions) would seem to indicate that the consensus opinion in a case as complex as this one would be that the probability of improvement in pain control to be gained by additional surgery is likely to be minimal if any benefit is gained at all. Given the criteria required by CA-MTUS being met to an acceptable standard, I am reversing the prior decision and find the request for IDDS to be medically necessary.

Orthopedic mattress: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Mattress selection, Durable Medical Equipment (DME) Medicare.gov, durable medical equipment

Decision rationale: MTUS and ACOEM are silent regarding the medical necessity of a specialty mattress. ODG states, There are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. Mattress selection is subjective and depends on personal preference and individual factors. On the other hand, pressure ulcers

(e.g., from spinal cord injury) may be treated by special support surfaces (including beds, mattresses and cushions) designed to redistribute pressure. When noting that the record does not provide any evidence of a spinal cord injury or pressure ulcers from such, there would be no clinical indication to support the purchase of an orthopedic mattress out of medical necessity. ODG does state regarding durable medical equipment (DME), Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below. Medicare details DME as: durable and can withstand repeated use, used for a medical reason, not usually useful to someone who isn't sick or injured, appropriate to be used in your home. A mattress meets two of the four DME criteria: durability and appropriate for home use. However, the treating physician does not outline the necessarily requirement for medical reason. Additionally, a mattress would be considered useful to someone who isn't sick or injured. The classification of Hospital Beds for in home use with a medical reason may meet Medicare DME classification. However, this mattress is not a hospital bed and would not be classified as durable medical equipment and are not recommended per ODG. As such, the request for an orthopedic mattress is deemed not medically necessary.