

Case Number:	CM15-0006944		
Date Assigned:	01/27/2015	Date of Injury:	03/15/2010
Decision Date:	03/16/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/13/2015

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: Arizona, 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:

The injured worker is a 67 year old female with an industrial injury dated 03/12/2010. Her diagnoses include pubic ramus fracture and chronic pain. Recent diagnostic testing has included x-rays of the pelvis (11/13/2014) which revealed a superior left-sided ramus fracture. She has been treated long term with opioid medications. In a progress note dated 11/13/2014 the treating physician reports new left-sided pelvis pain, and that the injured worker's recent x-ray showed a new minimally displaced superior ramus fracture of the pelvis. It was noted by the treating physician that the injured worker was unable to have a MRI, but the reason was not specified . The objective examination revealed mild tenderness to the left side of the pelvis with compression and was noted to be stable, and adequate rotation in the hips bilaterally, The injured worker was noted to have left knee instability with considerable weakness. The treating physician is requesting intrathecal pump replacement which was denied by the utilization review. On 12/24/2014, Utilization Review non-certified a request for intrathecal pump replacement, noting the lack of clinical documentation for the medical necessity of a requested MRI and that the current pump is not MRI compatible. The MTUS Guidelines were cited. On 01/13/2015, the injured worker submitted an application for IMR for review of intrathecal pump replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intrathecal Pump replacement: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines implantable drug delivery systems Page(s): 52-53.

Decision rationale: According to the MTUS guidelines, Implantable infusion pumps are considered medically necessary when used to deliver drugs for the treatment of: 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 trials such as - Primary liver cancer (intrahepatic artery injection of chemotherapeutic agents);- Metastatic colorectal cancer where metastases are limited to the liver (intrahepatic artery injection of chemotherapeutic agents);- Head/neck cancers (intra-arterial injection of chemotherapeutic agents);- Severe, refractory spasticity of cerebral or spinal cord origin in patients who are unresponsive to or cannot tolerate oral baclofen (Lioresal) therapy (intrathecal injection of baclofen)In this case, the claimant did not have cancer or end of life diagnosis requiring a pain pump. As a result, the requeest for an intrathecal pain pump is not medically necessary.