

Case Number:	CM15-0007176		
Date Assigned:	01/22/2015	Date of Injury:	04/29/2001
Decision Date:	03/24/2015	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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 62-year-old female who reported an injury on 04/29/2001. The mechanism of injury was not submitted for review. The injured worker reportedly sustained an injury to the cervical and lumbar spine. This ultimately resulted in surgical intervention that failed to provide any relief. The injured worker had an extensive treatment history to include sacroiliac joint injections, physical therapy, multiple medications, and radiofrequency ablations. The injured worker was evaluated on 10/16/2014. The injured worker's diagnoses included chronic pain syndrome, arthritis of the cervical spine, arthritis of the lumbar facets, and sacroiliitis. Objective findings included tenderness to palpation over the facet joints at the C4-5, C5-6, and C6-7, as well as painful range of motion of the cervical spine. Evaluation of the lumbar spine documented numbness of the right 3rd and 4th toes. The injured worker's medications included baclofen and Dilaudid. The injured worker's treatment plan at that appointment included a refill of medications, an MRI of the lumbar spine, and a sacroiliac joint injection. A Request for Authorization for a refill of the injured worker's pain pump was submitted on 11/13/2014. An operative note for that pain pump refill was provided on 11/14/2014. No justification to support the request was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intrathecal pump implant refill x 2 purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Intrathecal Pain Pump - Implantable drug-delivery systems (IDDSs).

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

Decision rationale: The requested intrathecal pump implant refill x 2 purchase is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends pain pump refills at regular intervals. However, there was no indication that the injured worker was not receiving adequate pain coverage from the intrathecal pain pump and required a refill. There was no documentation of the effectiveness of the intrathecal pain pump. Therefore, a refill would not be supported in this clinical situation. Additionally, refills should be based on continuing responses. As such, the requested intrathecal pump implant refill x 2 is not medically necessary or appropriate.