

<b>Case Number:</b>	CM15-0106161		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	06/16/2005
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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: Florida

Certification(s)/Specialty: Neurology, 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 68 year old female, who sustained an industrial injury on 06/16/2005. She has reported injury to the low back. The diagnoses have included low back pain from multi-factorial chronic etiology in the setting of multiple lumbar surgeries; compensatory myofascial pain; facet-mediated pain; lumbar radiculopathy; failed back syndrome; and chronic pain syndrome. Treatment to date has included medications, diagnostics, spinal cord stimulator implant/explant, physical therapy, and surgical intervention. Medications have included Norco, Gabapentin, Ibuprofen, Omeprazole, and Fentanyl patch. A progress note from the treating physician, dated 04/14/2015, documented a follow-up visit with the injured worker. The injured worker reported multi-site pain rated at 9/10 on the pain scale; has some benefit from high-dose opiates, however, the pain is constant and is associated with stiffness; multiple medications have not given her benefit; has failed neuromodulation therapy; and focus is to obtain an intrathecal drug delivery system. Objective findings included paraspinal muscles are tender to palpation; and extension and rotation are painful bilaterally. The treatment plan has included the request for intrathecal Dilaudid pump trial under fluoroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Intrathecal dilaudid pump trial under fluoroscopy: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - low back, intrathecal pump.

**Decision rationale:** Dilaudid is not FDA approved for intrathecal delivery. In addition, ODG guidelines support intrathecal pump/trial for patients with condition such as failed back pain syndrome who have failed at least 6 months conservative treatment and have had psychological evaluation that demonstrates the insured to be a good candidate for the treatment. The medical records indicate condition of failed back pain syndrome that has not responded to various treatments for greater than 6 months but does not demonstrate documentation of psychological evaluation that demonstrates the insured to be a good candidate for the treatment. As such intrathecal pump trial is not supported under ODG Therefore, the request is not medically necessary.