

Case Number:	CM15-0109000		
Date Assigned:	06/15/2015	Date of Injury:	11/22/1983
Decision Date:	07/14/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/05/2015

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: New Jersey, Alabama, 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 injured worker is a 57 year old male patient who sustained an industrial injury on 11/22/1983. A primary treating office visit dated 10/29/2014 reported the patient with subjective complaint of having chronic low back pain, status post lumbar laminectomy syndrome. Current medications are: Amitriptyline, clonidine, Hydromorphone, hydroxyzine, Levorphanol, Lyrica, Omeprazole, Ondansetron, Prazosin, and Zofran. He states the pain is to bilateral buttocks and the back of the right leg accompanied by numbness and tingling. A more recent follow up visit dated 03/26/2015 reported subjective complaint of having had a wound revision performed at the site of the pump last week and is doing well with mild incisional pain. The patient's surgical history included: 4 laminectomies between 1985-2000; 2014 pump explant; 2007 pump implant; 2007 lung surgery; 2002 intrathecal catheter an pump; 2000 spinal fusion, and 1985 laminectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Re-implantation of intrathecal drug delivery system: 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 (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." There is no evidence of significant improvement in activities of daily living or a reduction in work restrictions with the actual pump and the request for Re-implantation of intrathecal drug delivery system is not medically necessary.