

Case Number:	CM15-0130075		
Date Assigned:	07/16/2015	Date of Injury:	11/04/1999
Decision Date:	08/18/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/06/2015

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: Illinois, California, Texas

Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 42-year-old female who sustained an industrial injury on 11/4/99. Injury occurred when her right hand and fingers were caught in a conveyor. She has been diagnosed with thoracic/lumbosacral neuritis/radiculopathy, complex regional pain syndrome type I, reflex sympathetic dystrophy of upper and lower limb, and lumbar post laminectomy syndrome. She had spinal cord stimulator implant in 2000 and again in 2008. She had multiple intrathecal delivery systems since 2002. The 5/5/15 treating physician report cited complaints of increased lower back pain, grade 7-10/10. She also reported headaches, leg and hand swelling, dizziness, insomnia, nausea, constipation, anxiety, and excessive sleepiness. She reported redness at the site of her intrathecal pump, and intermittent symptoms of over medication alternating with symptoms of under medication. Physical exam documented decreased lumbar range of motion, tenderness at the lumbar incision site, and edema, erythema, and allodynia over the right posterior lumbar pump site. There was right arm allodynia and dysesthesias. The presentation of the injured worker was reported consistent with intermittent dosing and malfunction of intrathecal delivery device. There was erythema and fluid around the pump which was likely medication/CSF and not infection. Fluoroscopic imaging results supported the possibility of catheter malfunction with poor visualization of the catheter. Authorization was requested for intrathecal catheter pump replacement with fluoroscopy and general anesthesia. The 6/17/15 utilization review non-certified the request for intrathecal catheter pump replacement as there was no documented clinical response to the adequately functioning intrathecal pump to justify replacement. The 6/17/15 treating physician report progress report cited constant grade 9/10 arm, back and shoulder pain. Medication improved her condition, but the intrathecal pump was being titrated down due to malfunction with increased pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intrathecal Catheter Pump Replacement with Fluoroscopy and General Anesthesia:

Overtured

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable Drug-delivery systems (IDDS).

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

Decision rationale: The California MTUS guidelines recommend implantable drug-delivery systems (IDDSs) only as an end-stage treatment alternative for selected patients after a failure of at least 6 months of less invasive methods, and following a successful temporary trial. Guidelines do not generally support chronic use, as long-term efficacy has not been convincingly proven. IDDSs may be appropriate in selected cases of chronic, severe low back pain or failed back syndrome. Permanent implantation is an option when specific criteria are met including a temporary trial of spinal opiates with 50-75% reduction in pain and documentation of functional improvement and associated reduction in oral pain medication use. Guideline criteria have been met. This injured worker has been diagnosed with chronic severe low back pain and complex regional pain syndrome type I. She has been using an intrathecal pain pump since 2002 with reported benefit. She is currently reporting intermittent dosing and the treating physician has documented malfunction. Replacement is indicated at this time. Therefore, this request is medically necessary.