

Case Number:	CM15-0136063		
Date Assigned:	07/24/2015	Date of Injury:	07/03/1995
Decision Date:	08/21/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/14/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 66-year-old female who sustained an industrial injury on 07/03/1995. Mechanism of injury was not found in documentation present for this review. Diagnoses include post laminectomy syndrome of the lumbar region, failed back surgery thoracic region, thoracic or lumbosacral neuritis or radiculitis, lumbar sprain, and degeneration of lumbar or lumbosacral intervertebral disc, chronic pain syndrome and deconditioning. Treatment to date has included diagnostic studies, medications, 5 back surgeries, pain pump trial, use of a cane with ambulation, and psyche support. Her medications include MS Contin ER, Oxycodone, Neurontin, and Soma. Urine drug test is consistent with her medications. A physician progress note dated 06/03/2015 documents the injured worker reported 80% relief from trial of implant and medications. It is documented she has not had a psyche consult in regards to the authorization for the pump. She uses a cane with ambulation, and has an antalgic gait. She is tearful with this visit. On 06/10/2015 a physician progress note documents the injured worker has pain in her low back that she rates as a 8 out of 10 with medications and 10 out of 10 without medications. She walks with a cane and is awaiting a pump implant. She reports that with the benefit of chronic pain medications maintenance regimen, activity restriction and rest she can keep pain within a manageable level to allow her to complete necessary activities of daily living with the assistance of her husband. She also has a decubitus ulcer on her mid back where the hardware was. The trial of Dilaudid works very well with much relief for 24 hours where she felt excellent without pain medications. On examination of the lumbar spine there is tenderness and tightness of the lumbosacral region. Range of motion is restricted and painful. She has a positive right straight leg raise. She is unable to dorsiflex the right great toe and the right leg is weaker than the left. The treatment plan includes transitioning off Soma and Benzodiazepines prior to pump implant,

physical therapy, and psyche consultation. Treatment requested is for pump implant.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pump Implant: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable Drug Delivery Systems.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable Drug-Delivery System (IDDSs) Section Page(s): 52-54.

Decision rationale: The MTUS Guidelines recommend the use of an implantable drug delivery system only as an end-stage treatment alternative for selected patients for specific conditions, after failure of at least 6 months of less invasive methods, and following a successful temporary trial. IDDSs may be appropriate in selected cases of chronic, severe low back pain or failed back syndrome. This treatment should only be used relatively late in the treatment continuum, when there is little hope for effective management of chronic intractable pain from other therapies. For most patients, it should be used as part of a program to facilitate restoration of function and return to activity, and not just for pain reduction. The criteria for use for non-malignant pain with duration of greater 6 months include; 1. Documentation, in the medical record, of the failure of 6 months of other conservative treatment modalities (pharmacologic, surgical, psychologic or physical), if appropriate and not contraindicated; and 2. Intractable pain secondary to a disease state with objective documentation of pathology in the medical record; and 3. Further surgical intervention or other treatment is not indicated or likely to be effective; and 4. Psychological evaluation has been obtained and evaluation states that the pain is not primarily psychologic in origin and that benefit would occur with implantation despite any psychiatric comorbidity; and 5. No contraindications to implantation exist such as sepsis or coagulopathy; and 6. A temporary trial of spinal (epidural or intrathecal) opiates has been successful prior to permanent implantation as defined by at least a 50% to 70% reduction in pain and documentation in the medical record of functional improvement and associated reduction in oral pain medication use. A temporary trial of intrathecal (intraspinial) infusion pumps is considered medically necessary only when criteria 1-5 above are met. In this case, a physician progress note dated 06/03/2015 documents the injured worker reported 80% relief from trial of implant and medications. However, it is documented that she has not had a psychological evaluation in regards to the authorization for the pump. The request for pump implant is determined to not be medically necessary.