

Case Number:	CM15-0142567		
Date Assigned:	08/03/2015	Date of Injury:	07/26/1999
Decision Date:	08/31/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/22/2015

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: Texas, Florida, 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 76 year old male, who sustained an industrial injury on 07-26-1999. He has reported injury to the right hip and low back. The diagnoses have included chronic pain syndrome; chronic lumbar back pain; multilevel lumbar spine degenerative disc disease; chronic depression; and status post insertion of programmable spinal drug infusion pump. Treatment to date has included medications, diagnostics, and intrathecal pain pump placement. Medications have included Norco, Fentanyl, Cymbalta, Voltaren Gel, and Ambien. A progress report from the treating physician, dated 06-19-2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of pain in the right hip and low back. Objective findings included the pain pump is located in the left abdominal wall; steady gait; transfers independently; upper extremity strength is rated 5 out of 5; right lower extremity strength is rated 4 out of 5; left lower extremity strength is rated 5 out of 5; and there are right leg radicular symptoms at the L4-L5 distributions. The treatment plan has included the request for 1 implanted pump catheter dye study for intrathecal catheter.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 implanted pump catheter dye study for intrathecal catheter: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation DJ Quint, et al. Imaging Evaluation of Intrathecal Baclofen Pump Catheter Systems, American Journal.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Catheter tip-associated granuloma: inflammatory mass with intrathecal drug delivery. Timothy R. Deer MD, DABPM. Center for Pain Relief, West Virginia University School of Medicine, Charleston, WV, USA. Available online 7 May 2004.

Decision rationale: This claimant was injured in 1999 with diagnoses of chronic pain syndrome; chronic lumbar back pain; multilevel lumbar spine degenerative disc disease; chronic depression; and status post insertion of programmable spinal drug infusion pump. As of June 2015, there is continued pain in the right hip and low back. There are right leg radicular symptoms at the L4-L5 distributions. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG is also silent on dye imaging for possible intrathecal granuloma occlusion. Per the article cited, however, catheter tip granuloma occurs less than 1% of the time, but is serious if present. There is no mention, however, of what the pump statistics show, because a blockage would also show on the pump. The need for a pump catheter dye study therefore is not appropriate and the request is not medically necessary.