MAXIMUS Federal Services

Case Number:	CM15-0144251		
Date Assigned:	08/06/2015	Date of Injury:	02/01/1977
Decision Date:	09/11/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/24/2015

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: Physical Medicine & Rehabilitation

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 72 year old male who sustained an industrial injury on 2-1-97. Diagnoses are post-laminectomy syndrome-lumbar, lumbosacral radiculitis, pain in limb, lumbago, and pain in groin. In a progress report dated 6-17-15, the primary treating physician notes chief complaints of low back pain radiating to the left leg more than right and pain, numbness and tingling below the knees. The injured worker complained of a lot of pain on 6-17-15. The last increase in intrathecal Fentanyl from 5,500 to 6,000 mcg per day produced no adverse effects and helped with his pain. He is now on a flex dose pattern of pulsed doses. The injured worker reports left groin pain and his left lower extremity feels weaker; occasionally it buckles and he stumbles. He uses a walker. It is noted that the intrathecal pump was hitting his anterior superior iliac spine on the basis of weight loss and increased functional activity. The pain-related impairment score is 25-42; moderate impairment. The injured worker has intractable pain and has an agreement regarding opioid therapy on file. Current medications are Amitriptalyine, Celexa, Clonazepam, Flomax, Lorazepam, and Lyrica. The treatment plan is a pump pocket revision, advance intrathecal Fentanyl flex dose schedule, and follow up for pharmacological re-evaluation and pump refill. In a progress report dated 2-17-15, the primary treating physician notes a previous history of 5 back surgeries, intrathecal pump implant, and catheter tip granuloma resection was done 11-5-12. The requested treatment is for intrathecal pump pocket revision lumbar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intrathecal pump pocket revision lumbar: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, under Implantable drug-delivery systems (IDDSs).

Decision rationale: The patient presents with low back pain radiating to the left leg more than the right leg. The request is for intrathecal pump pocket revision lumbar. The request for authorization is dated 06/11/15. MRI of the lumbar spine, 03/31/15, shows the L2-L3 interspace evidences a mild broad-based posterior protrusion, measuring 2.2 mm and there is mild facet arthropathy at this level. He states the pump is still contacting his "hip bone" and it is making it difficult for him to sit for prolonged periods of time, due to contact with that region. Patient's medications include Amitriptyline, Celexa, Clonazepam, Flomax, Lorazepam and Lyrica. Musculoskeletal examination reveals the pump is currently in contact with the right anterior superior iliac spine and movement of the pump manually causes extreme pain. The patient's work status is not provided.ODG Guidelines has the following in the pain section, which states, "Recommended 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. Indications for implantable drug delivery system when it is used for the treatment of non-malignant pain with a duration of greater than six months and all of the following criteria are met: 1) Documentation in the medical records of failure of 6 months of other conservative treatment modalities, 2) Intractable pain secondary to a disease state with objective documentation of pathology, 3) Further surgical intervention or other treatment is not indicated, 4) Psychological lab evaluation had been obtained, 5) No contraindications to implantation, and 6) A temporary trial of spinal epidural or intrathecal opiates have been successful prior to permanent implantation with at least 50% to 70% reduction in pain."Per progress report dated 07/14/15, treater's reason for the request is "The pump is still making contact with the right anterior superior iliac spine and needs to be revised. This patient's activities of daily living are reflective of a total pain-related impairment score of 44 in today's office visit, placing the patient in a moderately severe impairment category." In this case, the patient continues with low back pain. He is improving significantly with intrathecal therapy and has weaned oral adjunctive opioids. However, patient is having problems with the pump. Per progress report dated 05/19/15, treater states, "This patient's intrathecal pump was hitting his anterior superior iliac spine, on the basis of weight loss and increased function activity." The patient has lost 50 lbs and the request for a revision appears reasonable. Therefore, the request is medically necessary.