

<b>Case Number:</b>	CM15-0144438		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	12/11/1997
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: 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 58 year old male who sustained an industrial injury on 12-11-97. Diagnoses are postlaminectomy syndrome lumbar region, pain in joint; ankle and foot, pain in soft tissues of limb, pain in joint; upper arm, lumbago, degenerative lumbar-lumbosacral intervertebral disc, intervertebral lumbar disc with myelopathy lumbar region, and thoracic-lumbosacral neuritis-radiculitis unspecified. In a progress report dated 6-15-15, the secondary treating physician notes the injured worker complains of chronic, severe low back pain. He has a history of lumbar disc disease with lumbar pain and radiculopathy as well as history of right foot crush injury with chronic symptoms. On this visit, he is using crutches and reports the same low back pain and right lower extremity pain. The pain is rated at 8 out of 10 without medications and 4 out of 10 with medications. The medications are keeping him functional with activities of daily living and home exercises and no side effects are noted. Current medications are Oxycontin, Oxycodone, Soma, Medrol (Pak), Wellbutrin, Remeron, and Niaspan. There is tenderness to palpation of the thoracic spine and limited range of motion, especially on extension. There is tenderness to palpation on exam of the lumbar-sacral spine with a positive sitting straight leg raise. His gait is antalgic and weakness is noted. He ambulates with crutches due to severe antalgia. A CURES review is current and concordant. He was advised to taper medications as much as possible. Work status is noted as permanent and stationary. The requested treatment is an (IT)-intrathecal pump trial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 IT-intrathecal pump trial: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**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 documentation that the patient failed all conservative therapies. He had some improvement with pain medications and was certified for an epidural injection. In addition, there is no documentation of psychological clearance for intrathecal pump implantation. Therefore, the request for 1 IT-intrathecal pump trial is not medically necessary.