

Case Number:	CM15-0167503		
Date Assigned:	09/08/2015	Date of Injury:	01/07/1999
Decision Date:	10/07/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	08/25/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 75 year old male, who sustained an industrial injury on January 7, 1999, incurring low back, neck and right knee injuries after a twenty feet fall. He was diagnosed with lumbar disc degenerative disease, cervical disc disease, lumbosacral spondylosis and lumbar spinal stenosis. He underwent a surgical lumbar laminectomy and cervical fusion. Treatment included pain medications, intrathecal pain pump, steroid injections, neuropathic medications, topical analgesic gel, antidepressants and proton pump inhibitor. Currently, the injured worker complained of persistent low back pain rated 7 out of 10 on a pain scale radiating into the lower extremities decreased with medications and sitting. He noted constant neck pain radiating into the upper extremities. He had frequent off and on headaches with short memory problems. The treatment requested was one intrathecal pump replacement under fluoroscopic guidance and general anesthesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 intrathecal pump replacement under fluoroscopic guidance and general anesthesia:

Overturned

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): 52-54. Decision based on Non-MTUS Citation Farrar JT, Young JP, LaMoreaux L, Werth JL, Poole RM. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale, pain. 2001 Nov; 94 (2): 149-58.

Decision rationale: The claimant has a remote history of a work injury occurring in January 1999 and is being treated with a diagnosis of failed back surgery syndrome with current treatments including an intrathecal pain pump. With the use of medications, pain is referenced as decreased from 9/10 to 7/10 and allowing for improvement in completing activities of daily living. When seen, there was a BMI of nearly 35. The pump was refilled and the dose was increased. Oral medications included dialogue that and Norco. The pump was nearing its estimated replacement interval and authorization for pump replacement was requested. An implantable drug delivery system is recommended only as an end-stage treatment alternative for selected patients. In this case, the claimant is already being treated with an intrathecal opioid pump. There is a reported two point decrease in VAS pain scores which is considered clinically significant with improvement in activities of daily living. The pump is reaching its estimated replacement interval and needs to be replaced before it becomes nonfunctioning. Replacement of the intrathecal pump is medically necessary.