

Case Number:	CM15-0183182		
Date Assigned:	09/24/2015	Date of Injury:	09/28/1985
Decision Date:	10/30/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/17/2015

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 56 year old female, who sustained an industrial injury on September 28, 1985. The injured worker was currently diagnosed as having chronic pain other, failed back surgery syndrome lumbar, lumbar post laminectomy syndrome, lumbar radiculopathy, status post fusion lumbar spine L4-5, myositis-myalgia, iatrogenic opioid dependency and infection IT pump site. Treatment to date has included placement of an Intrathecal Drug Administration System, diagnostic studies, surgery, acupuncture, physical therapy and medication. She was noted to have "limited" response to acupuncture, lumbar surgery and physical therapy. On August 20, 2015, the injured worker complained of low back pain with radiation down the bilateral lower extremities. The pain is accompanied by numbness, tingling and muscle weakness constantly in the bilateral lower extremities. She also reported frequent and severe muscle spasms in the low back bilaterally. The pain was rated as a 4 on a 1-10 pain scale with medications and a 10 on the pain scale without medications. The pain was reported as improved since her last exam visit. Physical examination revealed worsening tenderness and discharge at her wound site. Notes stated an infected ITP site was "highly likely." The treatment plan included removal of infected intrathecal pump and intravenous antibiotics, hospital consultation with infectious disease specialist, medications and a follow-up visit. On August 21, 2015, utilization review denied a request for unknown admission to [REDACTED] for IV antibiotics and removal of intrathecal pump. A request for one infectious disease consultation was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown Admission to [REDACTED] for IV Antibiotics: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127.

Decision rationale: Key points are as follows. The claimant was injured in 1985 with chronic pain, failed back surgery syndrome lumbar, lumbar post laminectomy syndrome, lumbar radiculopathy, status post fusion lumbar spine L4-5, myositis-myalgia, iatrogenic opioid dependency and infection of an intrathecal pump site. As of August, the injured worker complained of low back pain with radiation down the bilateral lower extremities. There was worsening tenderness and discharge at her wound site. Notes stated an infected ITP site was "highly likely." The treatment plan included removal of infected intrathecal pump and intravenous antibiotics, hospital consultation with infectious disease specialist, medications and a follow-up visit. A request for one infectious disease consultation was authorized, but the other services were not authorized. ACOEM Guidelines, Chapter 7, Page 127, state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. In this case, an infectious disease specialist consult was approved before making decisions regarding inpatient care. This is entirely appropriate. Often, antibiotic administration can be handled through home care, and not place the patient at risk of nosocomial hospital infection. The request was appropriately non-certified.

Removal of Intrathecal Pump: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127.

Decision rationale: As shared, key points are as follows. The claimant was injured in 1985 with chronic pain, failed back surgery syndrome lumbar, lumbar post laminectomy syndrome, lumbar radiculopathy, status post fusion lumbar spine L4-5, myositis-myalgia, iatrogenic opioid dependency and infection of an intrathecal pump site. As of August, the injured worker

complained of low back pain with radiation down the bilateral lower extremities. There was worsening tenderness and discharge at her wound site. Notes stated an infected ITP site was "highly likely." The treatment plan included removal of infected intrathecal pump and intravenous antibiotics, hospital consultation with infectious disease specialist, medications and a follow-up visit. A request for one infectious disease consultation was authorized, but the other services were not authorized. ACOEM Guidelines, Chapter 7, Page 127, state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. As shared previously, in this case, an infectious disease specialist consult was approved before making decisions regarding pump removal. This is entirely appropriate. The specialist is in the best position to affirm if it is the pump that is infected. Outright removal without specialist assessment was appropriately non-certified.