

Case Number:	CM15-0183242		
Date Assigned:	09/24/2015	Date of Injury:	11/08/1991
Decision Date:	10/29/2015	UR Denial Date:	08/28/2015
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: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 74 year old male sustained an industrial injury on 11-8-91. Documentation indicated that the injured worker was receiving treatment for lumbar stenosis, lumbar facet arthropathy and myofasciitis. Previous treatment included lumbar surgery, physical therapy, injections, psychological care and medications. The injured worker was psychologically cleared for intrathecal pain pump on 4-6-15. The injured worker had been evaluated by surgery with recommendation for no surgical intervention. The injured worker underwent a trial implantation of intrathecal infusion system on 6-5-15. In an office visit dated 7-29-15, the injured worker returned for removal of the trial intrathecal infusion system. The injured worker reported "significant relief" from the trial. Physical exam was remarkable for lumbar spine with "some improvement" over baseline, with ongoing pain with flexion past 60 degrees and extension past 20 degrees, pain with facet loading and posterior column pain, negative straight leg raise and no motor or sensory deficits. The physician noted significant myofasciitis in the trapezius and cervical paravertebral. The injured worker received trigger point injections during the office visit. The treatment plan included refilling medications (Norflex, Robaxim, Dilaudid, Neurontin and Norco) and requesting authorization for permanent intrathecal infusion system. In a progress note dated 8-24-15, the injured worker complained of increasing low back pain and lower extremity radiculopathy. The physician noted that the injured worker's pain had progressively worsened due to denials for facet injections. Physical exam was unchanged. The injured worker received trigger point injections during the office visit. The treatment plan included refilling

medications and requesting a permanent intrathecal pump. On 8-28-15, Utilization Review noncertified a request for permanent implantation intrathecal infusion system, Qty 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Permanent Implantation Intrathecal Infusion System, Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Intrathecal drug delivery systems, medications.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a pain pump prescription for this patient. Per MTUS Chronic Pain Medical Treatment Guidelines, implantation of an intrathecal pain pump is used for the treatment of non-malignant (non-cancerous) pain with a duration of greater than 6 months and all of the following criteria are met: 1. Documentation, in the medical record, of the failure of 6 months of other conservative treatment modalities (pharmacologic, surgical, psychologic or physical), if appropriate and not contraindicated; and 2. Intractable pain secondary to a disease state with objective documentation of pathology in the medical record; and 3. Further surgical intervention or other treatment is not indicated or likely to be effective; and 4. Psychological evaluation has been obtained and evaluation states that the pain is not primarily psychologic in origin and that benefit would occur with implantation despite any psychiatric comorbidity; and 5. No contraindications to implantation exist such as sepsis or coagulopathy; and 6. A temporary trial of spinal (epidural or intrathecal) opiates has been successful prior to permanent implantation as defined by at least a 50% to 70% reduction in pain and documentation in the medical record of functional improvement and associated reduction in oral pain medication use. A temporary trial of intrathecal (intraspinal) infusion pumps is considered medically necessary only when criteria 1-5 above are met. Although the medical records suggest that this patient received significant relief from the pump, objective findings from the patient's trial must be documented to permit implantation. Therefore, although this patient meets almost all MTUS criteria, further documentation of the patient's temporary trial result is necessary prior to approval. Therefore, based on the submitted medical documentation, the request for a percutaneous intra-the-cal pain pump implantation is not medically necessary.