

Case Number:	CM15-0185621		
Date Assigned:	09/25/2015	Date of Injury:	03/29/1996
Decision Date:	11/09/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/21/2015

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 59-year-old male, who sustained an industrial injury on 3-29-96. The injured worker was diagnosed as having lumbago, lumbar degenerative disc disease, lumbar facet arthropathy, post-laminectomy syndrome, and sciatica. Treatment to date has included 15 spinal surgeries including fusion and fusions and infection debridement, TENS, massage, injections, and medication including Morphine and Norco. Physical examination findings on 7-2-15 included absent deep tendon reflexes at the ankles and knees. The sensory exam in the lower extremities was normal and full motor strength was noted. A MRI of the lumbar spine obtained in March 2016 was noted to be within normal limits. On 6-9-15 pain was rated as 8 of 10. On 6-9-15 the treating physician noted "the patient was also forced to wean off and stop all of his pain medications over the last couple of months. The patient reports because of that he has suffered in pain and the quality of life is miserable, and he is unable to do basic chores." On 7-2-15, the injured worker complained of testicular and groin pain. On 6-9-15, the injured worker complained of back pain. The treating physician requested authorization for an intrathecal drug delivery trial x2. On 9-17-15, the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intrathecal drug delivery trial times 2: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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

Decision rationale: The 59 year old patient complains of chronic low back pain, rated at 8/10, and is status post 15 spinal surgeries including fusions and infection debridement, as per progress report dated 06/09/15. The request is for Intrathecal drug delivery trial times 2. There is no RFA for this case, and the patient's date of injury is 03/29/96. Diagnoses, as per progress report dated 06/09/10, included lumbago, lumbar degenerative disc disease, lumbar facet arthropathy, postlaminectomy syndrome, and sciatica. Current medications include Morphine sulfate and Norco. As per progress report dated 06/04/15, the patient is being followed for mid and low back pain radiating to bilateral legs, groin pain, right hip pain, and left knee pain. Medications, as per this report, included Ibuprofen and Soma. The patient's work status has been documented as permanent and stationary. MTUS chronic pain Guidelines 2009, Implantable drug-delivery systems (IDDSs) section, pages 52-53 has the following criteria for the use of IDDS: "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." In this case, the request for a trial of intrathecal pump is noted in progress report dated 06/10/15. The treater states that the patient will need pain medications including some opioid-based medications to maintain quality of life, given the chronic pain and multiple surgeries. As per progress report dated 04/13/15, AME recommended against any further surgery as it "would be more detrimental than beneficial and put him at high risk for complications". The treater does not document the presence of contraindications such as sepsis or coagulopathy as well. However, the patient has a history of infections s/p surgery, as per progress report dated 06/04/15. Additionally, the patient is undergoing cognitive-behavioral therapy for anxiety, loss of interest, and sadness, as per psychology report dated 07/01/15, but there is no indication of a psychological evaluation stating that the pain is not primarily psychologic in origin. The patient does not meet all the criteria enlisted by MTUS for an intrathecal pump trial. Furthermore, it is not clear why the treater is requesting for 2 trials. Hence, the request is not medically necessary.