

Case Number:	CM15-0186397		
Date Assigned:	09/28/2015	Date of Injury:	06/11/1991
Decision Date:	11/09/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/22/2015

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 76 year old female, who sustained an industrial injury on 6-11-1991. The injured worker is being treated for cervical radiculopathy and lumbar radiculopathy status-post surgery with residuals and complications post-surgery. Treatment to date has included surgical intervention of the lumbar spine, and medications including opioid pain medications. Per the handwritten Primary Treating Physician's Progress Report dated 9-01-2015, the injured worker reported continued low back pain located at the tail bone, pelvic pain with burning to the rectum, vagina and buttocks with an electrical sensation to the bilateral legs. She is seeing an urologist. Objective findings included tenderness to palpation of the coccyx. Per the medical records dated 7-13-2015 to 9-01-2015 there is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level with the current medications or treatment. The notes from the doctor do not document efficacy of the prescribed medications. Per the Secondary Treating Physician's progress Report (neurosurgery) dated 9-01-2015 she reported groin pain with bowel and bladder incontinence. Her cervical spine pain was rated as 8 out of 10. She reported left arm pain with burning to the digits. There was constant pain in the lumbar spine with pressure and burning electric shocks to the bilateral lower extremities. The plan of care included, and authorization was requested for the purchase of a morphine infusion pump and outpatient referral to a cognitive therapist. On 9-14-2015, Utilization Review non-certified the request for purchase of a morphine infusion pump and outpatient referral to a cognitive therapist.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME purchase of a morphine pump: 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): Implantable drug-delivery systems (IDDSs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter under Implantable drug-delivery systems (IDDSs).

Decision rationale: The patient presents on 09/01/15 with lower back pain, pelvic pain with burning pain in the rectum, vagina, buttocks, and an "electrical" sensation in the bilateral lower extremities. The patient also complains of cervical spine pain which radiates into the left upper extremity. The patient's date of injury is 06/11/91. Patient is status post unspecified lumbar spine surgery in the year 2000. The request is for DME purchase of a morphine pump. The RFA was not provided. Physical examination dated 09/01/15 reveals tenderness to palpation of the cervical and lumbar paraspinal muscles with spasms noted, positive straight leg raise test, and reduced strength in the left quadriceps. The patient is currently prescribed Norco. Patient's current work status is not provided. MTUS Guidelines, Implantable drug-delivery systems (IDDSs) section, pages 52-53 has the following criteria for the use of IDDSs: "1. Documentation, in the medical record, of the failure of 6 months of other conservative treatment modalities (pharmacologic, surgical, psychological 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 psychological 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 (intraspinous) infusion pumps is considered medically necessary only when criteria 1-5 above are met." Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter under Implantable drug-delivery systems (IDDSs) states: Recommended only as an end-stage treatment alternative in selected cases of chronic intractable pain. See the Pain Chapter for Indications for Implantable drug-delivery systems (IDDSs). This treatment should only be used relatively late in the treatment continuum, when there is little hope for effective management of chronic intractable pain from other therapies. For most patients, it should be used as part of a program to facilitate decreased opioid dependence, restoration of function and return to activity, and not just for pain reduction. The specific criteria in these cases include the failure of at least 6 months of other conservative treatment modalities, intractable pain secondary to a disease state with objective documentation of pathology, further surgical intervention is not indicated, psychological evaluation unequivocally states that the pain is not psychological in origin, and a temporary trial has been successful prior to permanent implantation as defined by a 50-70% reduction in pain and medication use. In regard to the request for an intrathecal pump trial, the patient does not meet guideline criteria. This patient is status post lumbar spine surgery and has been prescribed opiate medications long term. While she presents with significant pain and surgical history, there is no evidence in the records provided that this patient has undergone a psychological evaluation

which unequivocally rules out psychologically-induced pain. A temporary trial of intrathecal (intraspinal) infusion pump is only considered medically necessary for patients who fail 6 months of conservative care, are no longer considered for additional surgical intervention, and have obtained psychological evaluation ruling out a psychological etiology. In this case, the patient meets some, but not all of the guideline criteria for a spinal opiate trial; as there is no indication that all conservative options have been exhausted, and no psychological evaluation has been obtained. Therefore, the request is not medically necessary.

Outpatient referral to a cognitive therapist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Independent Medical Examinations and Consultations, chapter 7, page 127.

Decision rationale: The patient presents on 09/01/15 with lower back pain, pelvic pain with burning pain in the rectum, vagina, buttocks, and an "electrical" sensation in the bilateral lower extremities. The patient also complains of cervical spine pain which radiates into the left upper extremity. The patient's date of injury is 06/11/91. Patient is status post unspecified lumbar spine surgery in the year 2000. The request is for outpatient referral to a cognitive therapist. The RFA was not provided. Physical examination dated 09/01/15 reveals tenderness to palpation of the cervical and lumbar paraspinal muscles with spasms noted, positive straight leg raise test, and reduced strength in the left quadriceps. The patient is currently prescribed Norco. Patient's current work status is not provided. ACOEM, Independent Medical Examinations and Consultations, chapter 7, page 127 states 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." In regard to this consultation with a cognitive therapist for this patient's short term memory deficits, anxiety, and depression, the request is appropriate. Progress note dated 09/01/15 indicates that the provider suspects some degree of cognitive impairment in this patient, as well as depression and anxiety secondary to chronic pain/disability. MTUS guidelines support psychiatric evaluation and treatment for chronic pain, and ACOEM guidelines indicate that providers are justified in seeking additional expertise in cases where the course of care could benefit from a specialist. Given this patient's continuing pain symptoms, cognitive decline, and depression, consultation with a cognitive therapist could produce significant benefits. Therefore, the request is medically necessary.