

Case Number:	CM15-0196384		
Date Assigned:	10/12/2015	Date of Injury:	11/04/1999
Decision Date:	11/25/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/06/2015

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: Arizona

Certification(s)/Specialty: Surgery

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 42 year old female, who sustained an industrial injury on 11-4-99. Medical records indicate that the injured worker is undergoing treatment for unspecified thoracic-lumbar neuritis or radiculitis, reflex sympathetic dystrophy syndrome of the upper limb, unspecified myalgia-myositis and post-laminectomy syndrome of the lumbar region. The injured workers current work status was not identified. On (9-18-15) the injured worker complained of headache, back pain, neck pain and low back pain. The injured workers pain level was rated 6 out of 10 on the visual analogue scale. Examination of the lumbar-thoracic spine revealed a decreased range of motion. Examination of the right upper extremity revealed tenderness to palpation, mild edema of the right hand and decreased thumb flexion. Grip strength was noted to be 3-5. Subsequent progress reports (9-11-15, 8-12-15 and 7-1-15) indicate the injured worker pain levels were consistent at 7-8 out of 10 on the visual analogue scale. Treatment and evaluation to date has included medications, intrathecal pump, trigger point injections and lumbar spine surgery. Current medications include Provigil, Percocet, Ambien and Baclofen. Medications tried and failed include Norco, Nortriptyline, Cymbalta and Morphine. The current treatment request is for a surgical revision-replacement of an intrathecal catheter, pump replacement with fluoroscopy and general anesthesia. The Utilization Review documentation dated 9-28-15 non-certified the request for a surgical revision-replacement of an intrathecal catheter, pump replacement with fluoroscopy and general anesthesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intrathecal Catheter Pump Replacement with Fluoroscopy and General Anesthesia:

Overtured

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Anthem BCBS Medical Policy. Implantable Infusion Pumps Policy #: SURG.00068 Current Effective Date: 07/07/2015.

Decision rationale: Replacement of an implantable/intrathecal infusion pump (which may also involve upgrading to the most current technology) is considered medically necessary when the device is not functioning or when a built-in system in the pump provides notification of an impending failure. Replacement or upgrades of an implantable/intrathecal infusion pump is considered not medically necessary when requested for convenience or to upgrade to newer technology when the current components remain functional. The replacement of the intrathecal catheter is not addressed by MTUS guidelines. The notes since May 2015 report that the patient has signs of intermittent dosing and catheter malfunction of the intrathecal catheter. Although alarms are not indicating pump failure, notes report catheter malfunction and intermittent dosing. Therefore, based on the above findings, the intrathecal catheter pump replacement with fluoroscopy and general anesthesia is medically necessary and indicated. The prior utilization review is overturned.