

<b>Case Number:</b>	CM15-0206647		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	10/01/2007
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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: North Carolina, Georgia  
 Certification(s)/Specialty: Family Practice

### 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 57 year old male, who sustained an industrial injury on October 1, 2007, incurring upper back injuries. He was diagnosed with cervical stenosis. Treatment included pain medications, muscle relaxants, neuropathic medications, antidepressants, anti-anxiety medications, Cognitive Behavioral Therapy and placement of an intrathecal pump for pain management. Currently, the injured worker complained of persistent, chronic spinal pain and progressive fatigue. He noted he slept most of the day to avoid pain. The pain interfered with his activities of daily living such as eating meals, household chores, driving, and shopping. He was diagnosed with a generalized anxiety disorder and depressions secondary to chronic pain. The treatment plan that was requested for authorization included a catheter re-positioning T8 up to T2-T4. On September 14, 2015, a request for re-positioning of the catheter was denied by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Catheter re-positioning T8 up to T2-T4:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** CA MTUS describes the indications for and use of intrathecal drug delivery systems. It is appropriate for the catheter tip in such a system to be located as near as possible to the source of nociception to minimize the amount of delivered drug needed to provide pain relief. On occasion, a catheter tip will need to be repositioned to provide better pain control. The medical records submitted indicate that pain is not adequately controlled with current medications and drug delivery system. However, no records submitted document the present level of the catheter tip or any rationale for the specific repositioning. Lacking this information, it is not medically necessary for catheter tip repositioning from T8 to T2-T4.