

Case Number:	CM15-0207988		
Date Assigned:	10/28/2015	Date of Injury:	12/01/2008
Decision Date:	12/08/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/22/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 62 year old male, who sustained an industrial injury on 12-1-08. The physician's impression-diagnoses are post lumbar spine surgical intervention (x10) with failed surgical back syndrome, intractable thoracolumbar, chronic cervical pain, severe spasms, intervertebral disc disorder, lumbosacral radiculopathy and generalized pain. His work status is temporary total disability. Notes dated 8-10-15, 8-24-15 and 9-21-15 reveals the injured worker presented with complaints of constant, severe low back pain that radiates to his bilateral lower extremities. His pain is rated at 9 out of 10 at its worst and is only slightly relieved by medication per note dated 9-2-15. He requires assistance with daily chores and uses a wheelchair for mobility. Physical examinations dated 7-27-15, 8-10-15, 8-24-15 and 9-21-15 revealed significant lumbar and thoracic spine tenderness, spasms and guarding as well as weakness and numbness in his legs bilaterally. There is decreased and painful lumbar spine range of motion. The straight leg raise is positive bilaterally and there is decreased sensation over multiple dermatomes. Treatment to date has included medications; Oxycodone, OxyContin, Neurontin, Zanaflex, Klonopin, which help, but he is developing a tolerance per note dated 9-21- 15, surgery (x10) and psychiatric evaluation. Diagnostic studies include cervical spine MRI. A request for authorization dated 8-31-15 for intrathecal morphine pump trial is non-certified, per Utilization Review letter dated 10-9-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intrathecal Morphine Pump Trial: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Intrathecal drug delivery systems, medications, Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators).

Decision rationale: Intrathecal Morphine Pump Trial is not medically necessary per the MTUS Guidelines. The MTUS states that there should be 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 further surgical intervention or other treatment is not indicated or likely to be effective; and 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. The psychiatrist evaluation dated 7/21/15 states that there is no apparent psychological reason the patient cannot have a procedure and routine recovery period with a provision that it would be much better if he was in psychotherapy and continuing his present medications of Lexapro and Abilify. This evaluation also states that the patient has not had PT for a year. The documentation dated 10/19/15 indicates that physical therapy 6 sessions was requested with goal of getting the patient out of a wheelchair to do a self guided home exercise program. Six therapy visits were approved on Review #1155241 dated 10/30/15. Four psychotherapy sessions were approved on this review as well. The documentation indicates that the patient has not had PT in over one year and the 10/30/15 review indicates that 6 PT sessions were ordered for getting the patient out of a wheelchair and into a home exercise program. The MTUS states that for an intrathecal pump that further treatment should not be indicated and there should be failure of 6 months of conservative treatment. The documentation reveals that treatments such as PT are still being requested as the patient has not had therapy in over one year therefore this request is not medically necessary.