

Case Number:	CM15-0021335		
Date Assigned:	02/10/2015	Date of Injury:	02/24/1994
Decision Date:	04/03/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/04/2015

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: Texas, California
 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 55 year old female who sustained an industrial injury on 2/24/94 involving her back. She injured the low back picking up a box and re-injured it in 1998. She has had an anterior and posterior spinal fusion (2002) which made her back worse. She is currently experiencing intractable low back pain. Her activities of daily living are not impacted. Medications are Lexapro, Cymbalta, Fentanyl, oxycodone, gabapentin, Ambien, Prilosec, tizanidine. Diagnoses include failed back surgery syndrome, lumbar; lumbar degenerative disc disease with intractable low back pain; bilateral lower extremity radicular symptoms; depression; insomnia and situational stress. Treatments to date include medications, psychotherapy. Progress note dated 1/6/15 indicates that there was a trial with a Medtronic intrathecal a pump 10/3/14 in which the injured worker had a good bit of pain relief. After a few days she experienced spinal headache and needed a blood patch after the test. She was seen in the emergency department 10/12/14 for headache post-trial of intrathecal pump. The treating provider indicates that the pain pump would be a way to manage her pain without exacerbating her depression. She had lumbar fusion in 2001. The patient has had failed back surgery syndrome and osteoporosis. The details of PT or other types of therapy done since the date of injury were not specified in the records provided. She has had a urine drug toxicology report that was consistent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment Pain Pump Placement, Back: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Integrated Treatment /Disability Duration Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Medical Treatment Utilization Schedule (MTUS), Page 52 , Implantable drug-delivery systems (IDDSs), ODG Chapter Pain (updated 03/23/15), Implantable drug-delivery systems (IDDSs).

Decision rationale: Request: Durable Medical Equipment Pain Pump Placement, Back. As per cited guidelines Implantable drug-delivery systems (IDDSs): Recommended only as an end-stage treatment alternative for selected patients for specific conditions indicated below, after failure of at least 6 months of less invasive methods, and following a successful temporary trial. Used for the treatment of non-malignant (non-cancerous) pain with a duration of greater than 6 months and all of the following criteria are met: 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. Any of these indications of the Implantable drug-delivery systems were not specified in the records provided. Any evidence of Intractable pain secondary to a disease state with objective documentation of pathology was not specified in the records provided. Any evidence of the failure of 6 months of other conservative treatment modalities (pharmacologic, surgical, psychologic or physical), was not specified in the records provided. The patient has had a trial with a Medtronic intrathecal pump on 10/3/14. Any evidence of a 50% to 70% reduction in pain and functional improvement and associated reduction in oral pain medication use following a trial with a Medtronic intrathecal pump on 10/3/14 was not specified in the records provided. A detailed psychological evaluation is not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. Response to prior conservative therapy is not specified in the records provided. Prior conservative therapy notes are not specified in the records provided. The medical necessity of the request for Durable Medical Equipment Pain Pump Placement, Back is not fully established in this patient.