

<b>Case Number:</b>	CM15-0026648		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	09/05/1985
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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 58 year old male injured worker suffered and industrial injury on 9/5/1985. The diagnostic studies were x-rays. The treatments were intrathecal pain pump, medications. The treating provider reported the injure worker had started experiencing left foot drop which may indicate an intrathecal catheter tip granuloma with progressive weakness. He complained of chronic cervical pain with radicular symptoms. There already was authorization of a side port dye study and magnetic resonance imaging and UR determined an additional test was not medically necessary. The Utilization Review Determination on 1/17/2015 non-certified 1 Side Port Dye Study to Evaluate for Presence of An Intrathecal Catheter Tip Granuloma, citing Work Loss Data Institute, Pain (chronic) 11/14/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Side Port Dye Study to Evaluate for Presence of An Intrathecal Catheter Tip Granuloma:**  
Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Management of Intrathecal Catheter Inflammatory Masses Vol 11 Number 2, 2008.

**Decision rationale:** The patient is a 58 year old male who presents with cervical pain rated 10/10 with radicular symptoms to the bilateral upper extremities. Patient also complains of numbness in the left trapezius and dysesthesias in the left hand. The patient's date of injury is 09/05/1985. Patient is status post thoracic epidural steroid injection dated 11/24/14, status post undated C4-C7 anterior cervical fusion. The request is for 1 SIDE PORT DYE STUDY TO EVALUATE FOR PRESENCE OF AN INTRATHECAL CATHETER TIP GRANULOMA. The RFA is dated 01/12/15. The requesting progress note dated 01/08/15 does not include any physical findings. Such findings from this date appear to have been excluded from the submitted report as there is a gap in the provided documentation. The patient is currently prescribed Valium, Cymbalta, Fentanyl patches, Lyrica, and Norco. Diagnostic imaging was not included. Patient is currently disabled and not working. MTUS and ODG guidelines are silent on the diagnosis of intrathecal catheter granulomas. A recent study, Management of Intrathecal Catheter Inflammatory Masses, by Timothy Deer, Et al. in Neuromodulation: Technology at the neural interface Vol 11 Number 2, 2008 has the following regarding the diagnosis and treatment of intrathecal catheter associated granulomas: "If patient complains of insufficient analgesia... or if neurologic signs including DTR's or clonus have appeared, perform a magnetic resonance imaging - T1 weighted with MRI with gadolinium - or computed tomography myelogram." In regards to the request for what appears to be a Gadolinium contrast study to rule out the presence of a Granuloma following intrathecal steroid placement and the development of neurological deficit, the request appears reasonable. Letter of medical necessity dated 01/07/15 states: "please authorize a side port dye study as well as a lumbar MRI for my patient... the patient has developed a left foot drop which may indicate the presence of an intrathecal catheter tip granuloma. He requires tests to rule out this correctable lesion." Given this patient's recent development of neurological deficit following recent thoracic intrathecal catheter placement, a contrast study of the recent injection site to evaluate for a granuloma is an appropriate diagnostic measure. Therefore, the request IS medically necessary.