

Case Number:	CM15-0210414		
Date Assigned:	10/29/2015	Date of Injury:	03/21/1990
Decision Date:	12/15/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/26/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic 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:

This injured worker is a 52-year-old male who sustained an industrial injury on 3/21/90. Past surgical history was positive for L4/5 and L5/S1 spinal fusion with instrumentation. Past medical history was positive for diabetes. The 4/17/15 treating physician report indicated that the injured worker was doing well with his medications and intrathecal pump with pain ranging from 7-9/10. Physical exam documented that the pump site had an abnormal angulation to the skin but appeared unchanged. The 7/9/15 treating physician report cited headaches and neck, shoulder, elbow, and wrist pain and occasional muscle spasms. Pain was reported average 8/10, least 6/10, and worst 10/10. Pain was increased with sitting, standing, and bending. He returned for a routine intrathecal pump refill. The diagnosis included post laminectomy syndrome-lumbar region, thoracic-lumbar neuritis-radiculitis, disorders of the sacrum and brachial neuritis-radiculitis. The treatment plan included refills on Oxycodone IR and Docusate Sodium, and on the next visit pump refill visit the Baclofen will be increased. The intrathecal pump had moved into an unusual position and was angulated 90 degrees towards the surface. It was causing him significant pain. The treating physician recommended relocation of the left abdominal pump site to the posterior left flank. Authorization was requested for pump relocation with fluoroscopy and general anesthesia. The 9/29/15 utilization review non-certified the request for pump relocation with fluoroscopic and general anesthesia as the medications provided do not appear to have a substantive positive effect on the injured workers pain levels or activity to warrant continued use. Additionally, the reviewer noted that the relocation had been approved and scheduled 5 times previously and the injured worker failed to show for the procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pump relocation with fluoroscopic and general anesthesia: Overturned

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

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

Decision rationale: The California MTUS guidelines recommend implantable drug-delivery systems (IDDSs) only as an end-stage treatment alternative for selected patients after a failure of at least 6 months of less invasive methods, and following a successful temporary trial. Guidelines do not generally support chronic use, as long term efficacy has not been convincingly proven. IDDSs may be appropriate in selected cases of chronic, severe low back pain or failed back syndrome. Permanent implantation is an option when specific criteria are met including a temporary trial of spinal opiates with 50-75% reduction in pain and documentation of functional improvement and associated reduction in oral pain medication use. Guidelines do not specifically discuss relocation. This injured worker presents with an intrathecal pain pump that has moved out of proper location. It is reported to be angulated 90 degrees to the skin and causing significant pain. There is no documentation relative to the length of use of the pump. Records suggest that the injured worker receives adequate coverage with his current pain regime to continue at a self-regulated activity level. It seems reasonable to allow for relocation of this device given the pain it is causing. Therefore, this request is medically necessary.