

Case Number:	CM15-0216739		
Date Assigned:	11/06/2015	Date of Injury:	12/18/2006
Decision Date:	12/21/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	11/03/2015

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

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 was a 68 year old male, who sustained an industrial injury, December 18, 2006. The injured worker was undergoing treatment for lumbago, displacement of lumbar disc without myelopathy, lumbar NHP (herniated nucleus pulposus), surgery to the cervical spine and lumbar spine; intrathecal pump implant on August 5, 2010 and recent back surgery on August 13, 2015 of laminectomy of L1, partial laminectomy of L2, L1-L2 screw rod fixation and stabilization, L1-L2 discectomy. According to progress note of September 2, 2015, the injured worker's chief complaint was upper and lower extremities pain and spasticity. The injured worker rated the pain 6 out of 10. The symptoms were aggravated by all activities of daily living. The physical exam noted tenderness in the paravertebral muscles of the lumbar spine. The range of motion was zero degrees in all planes. The injured worker ambulated slowly with a walker. The sensory exam noted the lower extremities were grossly intact to touch. The injured worker was oriented to time, place and person. The injured worker's recent and remote memory was intact. The injured worker had the intrathecal pump filled at this visit and tolerated well. The pump had to be filled in a seated position due the injured worker was unable to lie down. The injured worker was hoping to wean off the oral Baclofen. The injured worker previously received the following treatments Ambien, Clonazepam, Lyrica, Tizanidine, intrathecal pump with Baclofen on August 2, 2015, which was filled monthly and Baclofen 5mg half tablet daily. The RFA (request for authorization) dated September 2, 2015; the following treatments were requested intrathecal pump refill and reprogramming times 3 with ultrasound guidance for the pump refill times 3. The UR (utilization review board) denied certification on October 21

2015; for intrathecal pump refill and reprogramming times 3 with ultrasound guidance for the pump refill times 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guidance for pump refill x 3: 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): Implantable drug-delivery systems (IDDSs).

Decision rationale: The California MTUS section on implantable drug delivery systems states: Indications for Implantable drug-delivery systems: Implantable infusion pumps are considered medically necessary when used to deliver drugs for the treatment of: Primary liver cancer (intrahepatic artery injection of chemotherapeutic agents); Metastatic colorectal cancer where metastases are limited to the liver (intrahepatic artery injection of chemotherapeutic agents); Head/neck cancers (intra-arterial injection of chemotherapeutic agents); Severe, refractory spasticity of cerebral or spinal cord origin in patients who are unresponsive to or cannot tolerate oral baclofen (Lioresal) therapy (intrathecal injection of baclofen). The patient does not have one of the indicated diagnoses for this service and therefore the request is not medically necessary.

Pump refill and reprogramming x 3: 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): Implantable drug-delivery systems (IDDSs).

Decision rationale: The California MTUS section on implantable drug delivery systems states: Indications for Implantable drug-delivery systems: Implantable infusion pumps are considered medically necessary when used to deliver drugs for the treatment of: Primary liver cancer (intrahepatic artery injection of chemotherapeutic agents); Metastatic colorectal cancer where metastases are limited to the liver (intrahepatic artery injection of chemotherapeutic agents); Head/neck cancers (intra-arterial injection of chemotherapeutic agents); Severe, refractory spasticity of cerebral or spinal cord origin in patients who are unresponsive to or cannot tolerate oral baclofen (Lioresal) therapy (intrathecal injection of baclofen). The patient does not have one of the indicated diagnoses for this service and therefore the request is not medically necessary.

