

Case Number:	CM15-0035297		
Date Assigned:	03/03/2015	Date of Injury:	09/16/2010
Decision Date:	04/14/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/25/2015

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: 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:

The injured worker is a 54 year old female, who sustained a work/ industrial injury on 9/16/10 while breaking up a student fight and being knocked down to the ground and assaulted multiple times in various locations. She has reported symptoms of chronic low back pain rated 6-7/10 with medication and 8-9/10 without. Prior medical history includes cardiology workup and anterior posterior instrumentation and fusion of the lumbar spine (2003). The diagnoses have included lumbar sprain/strain superimposed on non-industrial anterior posterior instrumentation and fusion of L3-4 and L4-5 with radicular pain in the right L5 distribution, right knee sprain with degenerative joint disease. Treatments to date included medications, home exercise program, Transcutaneous Electrical Nerve Stimulation (TENS) Unit, and epidurals. Medication history included Norco, Vicodin, Lyrica, Percocet, Ultram, Citalopram, Isosorbide, Zolpidem, and Nitroglycerin (as needed). Treating physician's report from 1/19/15 indicated negative step-off and negative scoliosis. There was positive tenderness to palpation over the lumbar surgical scar, positive tenderness to palpation on lumbar facet joints L1-L5, and bilateral straight leg raise. On 1/27/15, Utilization Review non-certified a Pump implant with fluoroscopy with general anesthesia, back per 01/19/15 Rx Qty: 1.00, noting the California Medical treatment Utilization Schedule (MTUS) Guidelines, Chronic Pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pump implant with fluoroscopy with general anesthesia, back per 01/19/15 Rx Qty: 1.00:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable drug-delivery systems (IDDSs) Page(s): 52-54.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable drug delivery systems Page(s): 52-54.

Decision rationale: CA MTUS/Chronic Pain Treatment Guidelines, Implantable drug-delivery systems (IDDSs), pages 52-54 recommend intrathecal pain pumps for non malignant pain with 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. Based upon the exam note from 1/19/15 there is insufficient evidence of improvement from the temporary trial or reduction in medication to warrant a permanent pain pump. Therefore, the determination is for non-certification.