

<b>Case Number:</b>	CM15-0035634		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	05/30/1997
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Preventive Medicine, Occupational Medicine

### 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 55 year old male sustained a work related injury on 05/30/1997. According to an Orthopedic Agreed Medical Evaluation dated 11/20/2014, the injured worker complained of pain in the lumbar spine, numbness of the legs with symptoms radiating to the back and legs, difficulty ambulating, pain and stiffness of the neck, numbness of the upper extremities and an electric shock sensation in the hands especially the right index finger. Diagnostic impression included status post multiple back surgeries with fusion and failed back syndrome, status post cervical surgery with fusion and disc replacement and history of spinal cord stimulator implantation and subsequent removal. It was the opinion of the provider that the injured worker had reached maximum medical improvement that his condition was permanent and stationary. On 08/23/2014 the injured worker had underwent removal of deep retained symptomatic hardware lumbosacral spine battery dorsal column implant. On 02/11/2015, Utilization Review non-certified internal medicine surgical clearance prior to morphine pump placement. According to the Utilization Review physician, there was no documentation of the listed indications for IDDS (implantable drug delivery system) including no documentation of psychological evaluation and no documentation of degree of pain relief and functional improvement results with pump trial. CA MTUS Chronic Pain Medical Treatment Guidelines, page 52 was referenced. The decision was appealed for an Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Internal medicine surgical clearance prior to morphine pump placement:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, 105-107.

**Decision rationale:** According to MTUS, indications for spinal cord stimulator or intrathecal narcotic delivery systems are failed back syndrome, complex regional pain syndrome, post amputation pain, postherpetic neuralgia, spinal cord injury, pain associated with multiple sclerosis, and peripheral vascular disease. In addition, psychological screening should be obtained prior to consideration of placement of the above devices, especially for serious conditions such as severe depression or schizophrenia. There is no documentation that the patient has undergone a psychiatric evaluation. Internal medicine surgical clearance prior to morphine pump placement is not medically necessary.