MAXIMUS Federal Services

Case Number:	CM15-0051640		
Date Assigned:	03/25/2015	Date of Injury:	04/22/1995
Decision Date:	05/19/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/18/2015

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: Arizona, Texas
Certification(s)/Specialty: Internal 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:

The injured worker is a 64 year old male with an industrial injury dated April 22, 1995. The injured worker diagnoses include failed back surgery syndrome of lumbar, chronic lumbar radiculopathy, failed back surgery syndrome, and cervical and status post spinal cord stimulator implant. He has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the most recent progress note dated 11/06/2014, the injured worker presented with chronic back pain. There were no current progress reports submitted for review. The treating physician prescribed catheter dye study with fluoroscopy of the lumbar spine now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Catheter dye study with fluoroscopy of the lumbar spine: 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 Page(s): 52-54.

Decision rationale: According to the MTUS, IDDSs dispense drugs according to instructions programmed by the clinician to deliver a specific amount of drug per day or to deliver varying regimens based on flexible programming options, and the pump may need to be refilled at regular intervals. The time between refills will vary based on pump reservoir size, drug concentration, dose, and flow rate. A programming session, which may occur along with or independent of a refill session, allows the clinician to adjust the patient's prescription as well as record or recall important information about the prescription. (Hassenbusch, 2004) In this case the IW has an intrathecal IDDS. The documentation provided doesn't indicate a medical necessity for catheter dye study with fluoroscopy of the lumbar spine to assess the pump. There is no documentation of malfunctioning pump or concern for placement complications. Therefore this request is not medically necessary.