

Case Number:	CM15-0051644		
Date Assigned:	03/27/2015	Date of Injury:	03/07/2000
Decision Date:	05/15/2015	UR Denial Date:	03/12/2015
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: California

Certification(s)/Specialty: Orthopedic Surgery, Sports 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 46-year-old male who reported an injury on 03/07/2000. The mechanism of injury was not provided. He is diagnosed with post-laminectomy syndrome of the lumbar, wound infection after surgery, anemia, unspecified backache, and lumbago. Medications included Duragesic patch 100 mic, Hysingla 60 mg 1 tablet daily, Pamelor 25 mg 1 to 2 tablets up to 3 tablets daily, and Lyrica 100 mg 1 to 2 tablets at bedtime. Surgical history included a pain medication pump implant and removal. Diagnostic studies were not provided. Other therapies included use of a cane. On 03/09/2015, the injured worker was seen for low back and leg pain. The injured worker had been cleared from infectious disease specialist to go back to the pump implant. The injured worker has stopped antibiotics since last week. The injured worker is requesting to go back to pump for pain control. He states the pain is worse and at a 10/10 without pain medication and 7/10 with medication. On examination, there was pain noted over the lumbar intervertebral space on palpation. Anterior flexion of lumbar spine was 10 degrees, anterior lumbar flexion caused pain. Extension of lumbar spine was 5 degrees with pain. Pain was noted in lumbar extension. Bilateral lateral bend was 5 degrees with pain. Bilateral lateral rotation was 20 degrees with pain. There was painful restriction in all movements of back. The straight leg raise was positive at 60 degrees bilaterally. The Request for Authorization was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

STAT implant of intrathecal long term catheter as well Medtronic programmable pump under fluoroscopy: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Page(s): 54.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable drug-delivery systems (IDDSs) Page(s): 52-53.

Decision rationale: The request for STAT implant of intrathecal long term catheter as well Medtronic programmable pump under fluoroscopy is supported. The injured worker has a history of back pain. The injured worker had to have his pump implant removed due to an infection that had been cleared up. The injured worker has been cleared by an infectious disease specialist to go back to the pump. The CA MTUS guidelines state 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); and 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 guidelines state there must be at least 50% reduction in pain. The injured worker reported significant pain relief when the pump was in place. The request for STAT implant of intrathecal long-term catheter as well Medtronic programmable pump under fluoroscopy is medically necessary.