MAXIMUS Federal Services

Case Number:	CM15-0054386		
Date Assigned:	03/27/2015	Date of Injury:	04/29/2001
Decision Date:	05/01/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/23/2015

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, California
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 is a 63 year old female, who sustained an industrial injury on April 29, 2001. She has reported neck pain and lower back pain. Diagnoses have included lumbar post laminectomy syndrome, fibromyalgia, and chronic pain syndrome. Treatment to date has included cervical spine radio frequency ablation, sacroiliac joint injections, and spine surgery. A progress note dated February 20, 2015 indicates a chief complaint of left lower back pain and buttock pain, neck pain, and right foot numbness. The treating physician documented a plan of care that included an intrathecal pump refill and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pump refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Intrathecal pump Page(s): 53.

Decision rationale: According to the guidelines, intrathecal pumps are medically necessary for intractable non-malignant pain if 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. On 2/20/15, the claimant had a refill of a intrathecal pump for chronic pain syndrome. In this case, prior documentation did not include mention of intractable pain. There was a request made for SI injection indicating additional procedures are planned. Psychological evaluation for use was not provided. The claimant also had recent RFA ablation. The use of the pump did not meet all the criteria. Pain score improvement was not noted. The pump refill is not justified and not medically necessary.