

Case Number:	CM15-0080355		
Date Assigned:	05/01/2015	Date of Injury:	08/08/2008
Decision Date:	06/17/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/27/2015

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: Physical Medicine & Rehabilitation

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 47 year old female, who sustained an industrial injury on 08/08/2008. According to a progress report dated 04/08/2015, the injured worker reported increased spasm in her groin area and left leg and low back pain that radiated up the spine. She was off of Methadone and was experiencing mood swings and increased pain. She was ambulating with a cane. Sleep was poor due to increased muscle spasms. She also reported nausea and loss of appetite. She preferred having an IT trial in place of the L2, 3 transforaminal epidural steroid injection that was authorized. Average pain, mood and function level since the last visit was rated 9 on a scale of 1-10. Current medications included Fentanyl, Lunesta, Methadone, Oxycodone, Subsys spray and Zanaflex. Physical examination noted ongoing low back pain with severe left leg with neuropathic symptoms. Left foot was cold and hot with complaints of spasm. Active range of motion in the lumbar spine was limited. There was tenderness and spasming of the para lumbar muscles. Gait was quite antalgic. Diagnoses included spasm of muscle, lumbago, reflex sympathetic dystrophy lower limb, post-laminectomy syndrome lumbar region, degenerative lumbar/lumbosacral intervertebral disc, thoracic/lumbosacral neuritis/radiculitis unspecified and unspecified myalgia and myositis. On 04/09/2015, the provider requested authorization for a psych evaluation for clearance for an IT pump trial, medications and an IT pain pump trial. Currently under review is the request for IT pain pump trial for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

IT pain pump trial for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter, Implantable drug-delivery systems (IDDSs).

Decision rationale: The patient presents with low back pain radiating to left lower extremity rated 9-10/10. The request is for IT PAIN PUMP TRIAL FOR THE LUMBAR SPINE. The request for authorization is dated 04/09/15. The patient is status-post L4-S1 PLIF, 03/28/11. CT Myelogram Lumbar Spine, 12/11/14, shows at L3-4 a mild bilateral stenosis of the lateral recesses due to 2.5 to 3.0 mm posterior disc bulging and mild bilateral facet arthropathy, right-sided facet hypertrophy is noted laterally at both L4-5 and L5-S1 without associated impingement. EMG/NCV, 12/13/12, shows normal nerve conduction study, abnormal electromyography of the left lower extremities suggestive of left chronic active L5 radiculopathy. The patient complains of poor sleep quality due to pain. Patient is not using a sleep aid. Patient's medications include Fentanyl, Lunesta, Methadone, Oxycodone, Subsys and Zanaflex. She was in extreme pain for 2 weeks without the Subsys, she states she is severely disabled, unable to go outside her home much, cannot shower, can't change her clothes, and just really can't function. She continues to insist on her pain level being 10/10 despite being on the current regimen of meds, even with the Subsys. Recommend regular home exercise / physical therapy on an ongoing regular basis. Per progress report dated 02/03/15, the patient is permanent and stationary. ODG Guidelines has the following in the pain section, which states, "Recommended only as an end-stage treatment alternative for selected patients for specific conditions after failure of at least 6 months of less invasive methods and following a successful temporary trial. Indications for implantable drug delivery system when it is used for the treatment of non-malignant pain with a duration of greater than six months and all of the following criteria are met: 1) Documentation in the medical records of failure of 6 months of other conservative treatment modalities, 2) Intractable pain secondary to a disease state with objective documentation of pathology, 3) Further surgical intervention or other treatment is not indicated, 4) Psychological lab evaluation had been obtained, 5) No contraindications to implantation, and 6) A temporary trial of spinal epidural or intrathecal opiates have been successful prior to permanent implantation with at least 50% to 70% reduction in pain". Per progress report dated 04/08/15, treater's reason for the request is "She is hoping we can do the IT trial in place of the L2, 3 TFE that is auth'd." In this case, it appears the patient has failed medications and other conservative treatments. However, per progress report dated 05/06/15, patient refuses to go for psychological evaluation even though it is authorized and scheduled. The patient meets some but not all of the ODG criteria for an IT pain pump trial. Therefore, the request IS NOT medically necessary.