

Case Number:	CM15-0080552		
Date Assigned:	05/01/2015	Date of Injury:	05/01/1996
Decision Date:	06/01/2015	UR Denial Date:	04/15/2015
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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 51 year old male, who sustained an industrial injury on 05/01/1996. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having unresolved chronic back pain with radiculitis. Treatment to date has included laboratory studies, medication regimen, Toradol injection, magnetic resonance imaging of the lumbar spine, and lumbar selective nerve root block injection. In a progress note dated 03/26/2015 the treating physician reports complaints of pain to the back with radiculitis. The treating physician also noted loss of lordotic curvature. The treating physician requested an implanted intrathecal pain pump or implanted stimulator with the physician noting that this treatment would be a good choice due to unresolved chronic pain since 1996.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 pain pump/implanted stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable drug-delivery systems.

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

Decision rationale: According to MTUS guidelines, Implantable drug-delivery systems (IDDSs) is recommended after failure of at least 6 months of less invasive methods to control the pain. (Recommended only as an end-stage treatment alternative for selected patients for specific conditions indicated below, after failure of at least 6 months of less invasive methods, and following a successful temporary trial. Results of studies of opioids for musculoskeletal conditions (as opposed to cancer pain) generally recommend short use of opioids for severe cases, not to exceed 2 weeks, and do not support chronic use (for which a pump would be used), although IDDSs may be appropriate in selected cases of chronic, severe low back pain or failed back syndrome. This treatment should only be used relatively late in the treatment continuum, when there is little hope for effective management of chronic intractable pain from other therapies. (Angel, 1998) (Kumar, 2002) (Hassenbusch, 2004) (Boswell, 2005) For most patients, it should be used as part of a program to facilitate restoration of function and return to activity, and not just for pain reduction. The specific criteria in these cases include the failure of at least 6 months of other conservative treatment modalities, intractable pain secondary to a disease state with objective documentation of pathology, further surgical intervention is not indicated, psychological evaluation unequivocally states that the pain is not psychological in origin, and a temporary trial has been successful prior to permanent implantation as defined by a 50% reduction in pain).According the patient file, there is no documentation that the patient exhausted more less invasive therapies. Furthermore, there is no evidence that the patient underwent a psychological testing required before any device implantation. Therefore, the prescription of 1 pain pump/implanted stimulator is not medically necessary.