

Case Number:	CM15-0087610		
Date Assigned:	05/11/2015	Date of Injury:	04/03/2000
Decision Date:	09/29/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/07/2015

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, North Carolina
 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 49 year old female, who sustained an industrial injury on 4-3-2000. Diagnoses have included lumbar post-laminectomy syndrome, low back pain, knee enthesopathy and chronic pain syndrome. Treatment to date has included transcutaneous electrical nerve stimulation (TENS), left knee injections and medication. According to the progress report dated 4-13-2015, the injured worker complained of persistent back pain. She reported that her muscle spasms in her legs had been worse at night and her transcutaneous electrical nerve stimulation (TENS) unit was not currently working. She reported frequent falls due to her left knee "giving out". She stated that her medications allowed her to complete her activities of daily living. She continued to see a psychiatrist once a week. Exam of the lumbar spine revealed loss of lumbar lordosis and an antalgic gait. There was midline tenderness to palpation and moderate paravertebral spasms. There was diffuse lower extremity muscle weakness and decreased sensation along the left lateral thigh and lateral calf. It was noted that a urine drug screen from 2-13-2015 was inconsistent. Authorization was requested for IT pump trial (Fentanyl).

IMR ISSUES, DECISIONS AND RATIONALES

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

IT pump trial (Fentanyl): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Intrathecal drug delivery systems Page(s): 54-55.

Decision rationale: CA MTUS states that intrathecal pumps (ITP) may be appropriate if selected cases of chronic severe low back pain or failed back syndrome. ITP should be utilized as part of a program to facilitate restoration of function and return to activity, not just pain reduction. The criteria for ITP include 6 months of conservative treatment, intractable pain where surgery is not indicated. A psychological evaluation and a temporary trial that has provided at least 50% pain reduction. Based on the documentation available in this case, the patient has had 5 previous back surgeries, has intractable pain, has leg pain controlled with Gabapentin, has inconsistent CURE reports, has failed to observe a pain contract, has inconsistent urine drug screens, and a psychological evaluation that states at least part of her pain is due to psychological factors. Therefore, based on the above findings, the request for an ITP is not medically necessary or appropriate.