

Case Number:	CM15-0087822		
Date Assigned:	05/12/2015	Date of Injury:	01/07/1999
Decision Date:	06/11/2015	UR Denial Date:	04/28/2015
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

Certification(s)/Specialty: Emergency 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 75-year-old male, who sustained an industrial injury on 01/07/1999. The initial complaints and diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, conservative therapies, x-rays, MRIs, cervical surgery and lumbar surgery. Currently, the injured worker complains of constant low back pain, bilateral arm pain and leg pain with a pain severity rating of 7-9/10. Per the progress notes dated 04/14/2015, the injured worker's pain pump was refilled. There were no alarms or malfunctioning of the pain pump noted. The diagnoses include post-cervical laminectomy syndrome, spinal stenosis, post-lumbar laminectomy syndrome, bilateral lumbar radiculopathy, opioid dependence, and brachial neuritis. The request for authorization included 1 pump replacement under fluoroscopic guidance and general anesthesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Pump Replacement under Fluoroscopic Guidance and General Anesthesia: Upheld

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

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

Decision rationale: The requested 1 Pump Replacement under Fluoroscopic Guidance and General Anesthesia, is not medically necessary. Per CA MTUS Chronic Pain Treatment Guidelines, Implantable drug-delivery systems (IDDSs), Page, 52, recommend this treatment "Recommended only as an end-stage treatment for selected patients for specific conditions, after failure of at least 6 months of less invasive methods." The injured worker has constant low back pain, bilateral arm pain and leg pain with a pain severity rating of 7-9/10. Per the progress notes dated 04/14/2015, the injured worker's pain pump was refilled. There were no alarms or malfunctioning of the pain pump noted. The treating physician has not documented sufficient evidence of pain pump malfunction or objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, 1 Pump Replacement under Fluoroscopic Guidance and General Anesthesia is not medically necessary.