

Case Number:	CM15-0088000		
Date Assigned:	05/12/2015	Date of Injury:	09/23/2004
Decision Date:	07/09/2015	UR Denial Date:	04/10/2015
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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 59-year-old female sustained an industrial injury on 9/23/04. She subsequently reported low back pain. Diagnoses include displacement lumbar disc without myelopathy, degeneration of the lumbar disc and muscle spasms of the back. Treatments to date include x-ray and MRI testing, pain pump implantation, physical therapy and prescription pain medications. The injured worker continues to experience low back pain. Upon examination, the injured worker ambulates without an assistive device, is able to get up and down from the exam table without problems, ulceration was noted around the pump implant site, back pain prevented evaluation of the lumbar functional status. A request for office visits x 6 months, pump refills x 6 months, ultrasound guidance needle placement x 6 months, Morphine 15mg/ mlx 6 months and Clonidine 500 mcg/ ml x months was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Office visits x 6 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary, Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits.

Decision rationale: MTUS is silent regarding visits to a pain medicine specialist. ODG states, "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. "

Pump refills x 6 months: 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 Implantable drug delivery systems Page(s): 51-54.

Decision rationale: MTUS states "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. "MTUS further states "Used for the treatment of non-malignant (non-cancerous) pain with a duration of greater than 6 months and all of 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. 2. Intractable pain secondary to a disease state with objective documentation of pathology in the medical record. 3. Further surgical intervention or other treatment is not indicated or likely to be effective. 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. 5. No contraindications to implantation exist such as sepsis or coagulopathy. 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. "There is no evidence of a temporary trial showing a 50 to 70% reduction in pain and documentation of functional improvement. The ongoing need for a pain pump is not established. Thus, by extension, the request is not medically necessary.

Ultrasound guidance needle placement x 6 months: 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 Implantable drug delivery systems Page(s): 51-54.

Decision rationale: MTUS states "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. "MTUS further states "Used for the treatment of non-malignant (non-cancerous) pain with a duration of greater than 6 months and all of 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. 2. Intractable pain secondary to a disease state with objective documentation of pathology in the medical record. 3. Further surgical intervention or other treatment is not indicated or likely to be effective. 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. 5. No contraindications to implantation exist such as sepsis or coagulopathy. 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. "There is no evidence of a temporary trial showing a 50 to 70% reduction in pain and documentation of functional improvement. The ongoing need for a pain pump is not established. Thus, by extension, the request is not medically necessary.

Morphine 15mg/ml x 6 months, #180 of units: 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 Implantable drug delivery systems Page(s): 51-54.

Decision rationale: MTUS states "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. "MTUS further states "Used for the treatment of non-malignant (non-cancerous) pain with a duration of greater than 6 months and all of 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. 2. Intractable pain secondary to a disease state with objective documentation of pathology in the medical record. 3. Further surgical intervention or other treatment is not indicated or likely to be effective. 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. 5. No contraindications to implantation exist such as sepsis or coagulopathy. 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 (intraspinial) infusion pumps is considered medically necessary only when criteria 1-5 above are met. "There is no evidence of a temporary trial showing a 50 to 70% reduction in pain and documentation of functional improvement. The ongoing need for a pain pump is not established. Thus, by extension, the request is not medically necessary.

Clonidine 500mcg/ml x months, #60 of units: 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 Implantable drug delivery systems Page(s): 51-54.

Decision rationale: MTUS states "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. "MTUS further states "Used for the treatment of non-malignant (non-cancerous) pain with a duration of greater than 6 months and all of 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. 2. Intractable pain secondary to a disease state with objective documentation of pathology in the medical record. 3. Further surgical intervention or other treatment is not indicated or likely to be effective. 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. 5. No contraindications to implantation exist such as sepsis or coagulopathy. 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 (intraspinial) infusion pumps is considered medically necessary only when criteria 1-5 above are met. "There is no evidence of a temporary trial showing a 50 to 70% reduction in pain and documentation of functional improvement. The ongoing need for a pain pump is not established. Thus, by extension, the request is not medically necessary.