

Case Number:	CM14-0118208		
Date Assigned:	09/16/2014	Date of Injury:	10/09/1997
Decision Date:	10/30/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/28/2014

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. The expert reviewer is Board Certified in Neurosurgeon, and is licensed to practice in Georgia and Virginia. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 48-year-old male who reported an injury on 10/09/1997 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to his low back that resulted in surgical intervention and an intrathecal pain pump implantation. The injured worker's most recent clinical evaluation dated 04/07/2014 documented that the injured worker had undergone a pain pump study and residual volume drawn from the pain pump did not correlate with the telemetry reading. It was documented that the injured worker had 8/10 pain. A brain canal shunt procedure with side port catheter study for low back with fluoroscopy and IV sedation was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Brain canal shunt procedure (side port catheter study for low back with fluoroscopy and IV sedation): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, back chapter, sedation

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Howard, B. M., Sribnick, E. A., & Dhall, S. S. (2014). Over-shunting associated

myelopathy. *Journal of Clinical Neuroscience*. Takeuchi, T., Fukushima, S., Misaki, D., & Shibata, S. (2013). Lumbosubarachnoid-Lumboepidural Shunting in Patients With Idiopathic Normal-Pressure Hydrocephalus: Surgical Procedures and Follow-up Study of Five Cases. *Neurologia medico-chirurgica*, 53(9), 638-643.

Decision rationale: The requested brain canal shunt procedure (side port catheter study for low back with fluoroscopy and IV sedation) is not medically necessary or appropriate. Although there appears to be a possible malfunction with the injured worker's pain pump, side port catheter for the low back with fluoroscopy and IV sedation may be indicated to evaluate the effectiveness of the intrathecal pain pump. There is no discussion of why a brain canal shunt would need to be provided to the injured worker. As such the requested brain canal shunt procedure (side port catheter study for low back with fluoroscopy and IV sedation) is not medically necessary or appropriate.