

Case Number:	CM14-0126256		
Date Assigned:	09/24/2014	Date of Injury:	09/26/2001
Decision Date:	10/28/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/08/2014

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 Anesthesiology, has a subspecialty in pain medicine and is licensed to practice in Massachusetts. 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:

According to the documents available for review, the patient is a 59 year old male. The date of injury is September 26, 2001. The patient sustained an injury to the lumbar spine and is currently diagnosed with post laminectomy syndrome chronic myofascial pain and bilateral sciatica. The specific mechanism of injury was not fully elaborated on in the notes available for review. The patient currently complains of pain in the lumbar spine, sacral region and bilateral legs. The patient is maintained on the multimodal pain medication regimen including OxyContin, Morphine, Soma, Lidoderm patch, Zanaflex, Neurontin, and Tamazepam. A request for an intrathecal pump implant was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intrathecal pump implant: 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): 52.

Decision rationale: The MTUS outlines several indications for implantable drug delivery systems on page 52 and 53. These include primary liver cancer, metastatic colorectal cancer,

head and neck cancer, severe or refractory spasticity of cerebral or spinal cord origin unresponsive to oral baclofen. Additionally implantable pump necessitates the temporary trial of spinal opiates prior to implantation. According to the documents available for review, none of the aforementioned indications are noted in the patient's medical records; as well there is no documentation of a temporary trial of spinal opiates prior to implantation. Therefore at this time the Intrathecal pump implant is not medically necessary and appropriate.