

Case Number:	CM14-0126557		
Date Assigned:	08/13/2014	Date of Injury:	05/04/2007
Decision Date:	10/15/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/11/2014

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 Orthopedic Surgery and is licensed to practice in. 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 64 year old female who sustained an injury on 05/04/07 while lifting a heavy object. The injured worker has been followed for ongoing neck pain radiating to the upper extremities and through the thoracic spine that has worsened despite the use of a significant amount of morphine at more than 200mg. Prior treatment included epidural steroid injections. The injured worker's urine drug screen was consistent with morphine use. Other medications included the use of Norco, Soma, and Trazodone. As of 05/06/14 the injured worker reported walking on a daily basis up to 6 miles. The injured worker indicated that with medications her pain was reduced by approximately 50%. There has been no drug seeking behavior noted. No other recommendations regarding medications were noted. The requested outpatient IDDS implant with an assistant surgeon and pre-operative testing was denied on 08/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient intrathecal drug delivery system (IDDS) Implant: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS guidelines, web-based edition http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html Official Disability Guidelines, 2014 web Edition, Pain section

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

Decision rationale: In review of the clinical documentation provided, there are no indications to support an implant of an IDDS system based on guideline recommendations. The injured worker is noted to be taking a substantial amount of narcotic medications; however, there were no specific recommendations regarding the use of an IDDS system for this injured worker. There is no documentation regarding a pre-trial psychological evaluation or the actual trial which resulted in sufficient pain reduction, functional improvement and oral medication reduction to support a permanent implant. As such, Outpatient intrathecal drug delivery system (IDDS) Implant is not medically necessary.

Referral for assistant surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS guidelines, web-based edition http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html Official Disability Guidelines, 2014 web Edition, Pain section

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: American Association of Orthopaedics Surgeons Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedics

Decision rationale: The IDDS implant request for this injured worker was not felt to be medically appropriate at this point in time. As such, there would be no requirement for the requested service. As such, Referral for assistant surgeon is not medically necessary.

Complete blood count (CBC), partial thromboplastin (PTT)/prothrombin time (PT)/international normalized ratio (INR), complete metabolic panel (CMP): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS guidelines, web-based edition http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html Official Disability Guidelines, 2014 web Edition, Pain section

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Pre-operative testing, lab testing.

Decision rationale: The IDDS implant request for this injured worker was not felt to be medically appropriate at this point in time. As such, there would be no requirement for the requested service. As such, Complete blood count (CBC), partial thromboplastin (PTT)/prothrombin time (PT)/international normalized ratio (INR), complete metabolic panel (CMP) is not medically necessary.

Electrocardiogram (EKG): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Electrocardiogram (EKG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Pre-operative Testing, EKG

Decision rationale: The IDDS implant request for this injured worker was not felt to be medically appropriate at this point in time. As such, there would be no requirement for the requested service. As such, Electrocardiogram (EKG) is not medically necessary.