

Case Number:	CM14-0140231		
Date Assigned:	09/10/2014	Date of Injury:	07/16/2012
Decision Date:	11/14/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/29/2014

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 Minnesota. 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 52 year old female with low back pain and radicular pain in both lower extremities. She failed to respond to conservative measures. MRI scan of the lumbar spine has revealed multi-level protrusions. There is a diffuse protrusion at L4-5 with effacement of the thecal sac by disc material and facet hypertrophy causing bilateral neural foraminal stenosis that encroaches on the exiting nerve roots. She has been approved for L4-5 posterior lumbar decompression and fusion with iliac bone grafting. The disputed issue pertains to use of a post-operative pain pump after the surgical procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain pump purchase for lumbar spine: 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), Shoulder Chapter: Postoperative Pain Pump

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section: Shoulder, Topic: Post-operative Pain Pump.

Decision rationale: California MTUS does not specifically address post-operative pain pumps although it does refer to implantable drug delivery systems for malignancy. ODG guidelines indicate that post-operative pain pumps are not recommended. Although they were used in the past for shoulder and knee surgery, three recent moderate quality random clinical trials did not support the use of pain pumps post-operatively. Based upon the evidence based guidelines the purchase of a pain pump for the lumbar spine is not medically necessary.