

Case Number:	CM14-0164750		
Date Assigned:	10/09/2014	Date of Injury:	01/05/1991
Decision Date:	12/17/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/07/2014

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 General Surgery, has a subspecialty in Surgery of the Hand and is licensed to practice in California. 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 patient is a 76 year-old female with a 1/05/91 date of injury. The mechanism of injury was not submitted for review. The patient was diagnosed with low back pain secondary to failed back syndrome and lumbosacral neuritis. 3/06/14 progress note documented the patient had a history of failed back syndrome and had been treated with intrathecal therapy for 6 years. She had problems with edema and cellulitis over the last several years. There had been questions if her pump had been chronically infected and if that was the source of her cellulitis. Multiple joint arthroses developed most noticeable in her hands. [REDACTED] Isomed 0ml pump was implanted on 7/21/10. Chief complaint was right sided lower back pain with pain rate of 9/10. No changes noted since last visit. She occasionally awakens due to pain. Level of physical activity has not changed. She had nausea and excessive drowsiness which was a new problem. Clinically, gait was steady and she ambulated with a wheelchair. Her affect was pleasant and speech was clear and appropriate. She had no edema. Bilateral patellar reflex and bilateral Achilles tendon reflex was 2+. Right dorsiflexion strength was 4+, left dorsiflexion strength was 5+, right plantar flexion strength was 4+, left plantar flexion strength was 5+, right quadriceps strength was 4+, and left quadriceps strength was 5+. Sensation was normal to light touch on the bilateral lower extremity. Pump was analyzed and reprogrammed. Changes were made because of side effects. Dosing of Morphine, Bupivacaine and Baclofen were decreased. 1/24/14 CT of the lumbar spine documented severe multilevel lumbar degenerative disease, including alignment abnormalities, spinal stenosis, and foraminal stenosis. The stimulator lead was fractured and discontinuous. Treatments to date has included intrathecal pump with catheter placement on 3/31/03. On 2/26/14 she underwent intrathecal catheter partial removal with implantation of entire new catheter.

IMR ISSUES, DECISIONS AND RATIONALES

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

****intrathecal pump revision-pain pump is moving around and needs to be revised.:** Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable drug-delivery systems (IDDSs) Page(s): 52-53.

Decision rationale: Medical necessity for intrathecal pump revision is not established. It was noted that revision of intrathecal pump was recommended because pump is moving around. Medical records reviewed shows no evidence that this pump is moving or that there is any intrathecal pump malfunction causing inadequate drug delivery for this patient. There is no documentation that the intrathecal pump stopped working or that complications such as granuloma formation was found in recent imaging test to support intrathecal pump revision at this time. Recommend non-certification.