

Case Number:	CM14-0087599		
Date Assigned:	07/23/2014	Date of Injury:	11/16/1995
Decision Date:	09/24/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/11/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 49 years old male with an injury date on 11/06/1995. Based on the 04/29/2014 progress report provided by [REDACTED], the diagnoses are: Postlaminectomy, UNS Thoracic/Lumb, Postlaminectomy, Lumbalgia, Opioid type depe, Lumbosacral spond. According to this report, the patient come in for a routine pump refill with complains of radiating low back pain that is constant. The pain is rated as a "5/9 (1=least/10= greatest)" that is throbbing and burning. Tender to palpate and spasm are noted at the lumbar paraspinal muscles. There were no other significant findings noted on this report. The utilization review denied the request on 05/14/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 08/15/2013 to 04/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar pump replacement with both fluoroscopy and general anesthesia: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable drug-delivery systems (IDDS's) Page(s): 52.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable drug-delivery systems (IDDSs); Intrathecal drug delivery systems, medications Page(s): 52-54; 54-55.

Decision rationale: According to the 04/29/2014 report by [REDACTED] this patient presents with radiating low back pain that is constant. The provider is requesting Lumbar Pump Replacement with both fluoroscopy and general anesthesia. Per 4/29/14 report "ERI occurred on 3/5/14, I will request urgent authorization for intrathecal pump replacement with fluoroscopic guidance under anesthesia." ERI, elective replacement interval, may mean that the unit is running low in battery being at the end of its cycle requiring replacement. The utilization review denial letter state "the records submitted for review failed to include documentation that the patient's current intrathecal pump was effective in decreasing his pain and increasing his objective functional ability in returning to activities." MTUS and ACOEM Guidelines do not discuss intrathecal drug delivery systems. However, ODG Guidelines states "Refills: IDDSs dispense drugs according to instructions programmed by the clinician to deliver a specific amount of drug per day or to deliver varying regimens based on flexible programming options, and the pump may need to be refilled at regular intervals." MTUS allows for refills of these pumps and proper management. In this case, the patient's unit may have run its course and requires replacement. To ask the question whether or not the unit is indicate as utilization review has done would appear a bit out of place. MTUS does not discuss what precisely needs to be done and what indications are to be applied at the time of pump replacement. The provider states that the combination of pump and oral medications helps with pain although he does not go into any details. In this case, the requested Lumbar Pump Replacement with both fluoroscopy and general anesthesia appear reasonable. Recommendation is for authorization.