

<b>Case Number:</b>	CM14-0211139		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	09/16/2010
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 54 y/o Female who had industrial injury on 9/16/10 related to falling down and being assaulted. She had obtained epidurals, transcutaneous electrical nerve stimulation, spinal cord stimulator trial, fusion surgery, and medications. Examination on 6/5/14 has injured worker complaining of neck and lower back pain. The note states the medicines make her pain 8/10 with the medicine and 10/10 without medicine. Physical exam demonstrated a pleasant, no acute distress female with regular speech that is clear, pleasant, and cooperative. She is tender to palpation in the cervical spine and lumbar spine. A decreased range of motion of the spine was also noted. A diagnosis of post laminectomy syndrome was made. Treatment plan is for a pain pump implant and states on 10/11/13 note the physician documented a successful pump trial. The reason there was a note that had an unsuccessful pump trial was due to the injured worker not understanding the purpose of the trial to only provide short term relief. It is also noted on 6/5/14, that the injured worker states without medicine all she can do is stay in bed and cry. A urine drug screen was done on the same day as that office visit and it was negative for all opioids the injured worker was stated to be on yet the notation states it is consistent with the injured workers medication. Injured worker takes oral dilaudid three times a day. On 6/17/2014 a request for a pain pump implant was certified. The reviewer states the prior non certification was due to poor questioning on early documents that the injured worker failed the trial, and it is now clear that the trial was successful. In addition the reviewer states the injured worker had psychological clearance for a failed spinal cord stimulator trial and therefore did not need to get clearance again. Subsequent notes did not address the negative Urine drug screen and the reason for the

change of dates for the pump placement. The date of pump implant was first on 8/21/14 then on 9/18/14 and then after cardiac clearance it was noted to get authorization again. On 12/8/14 a non certification recommendation was made for a request of the pain pump implant. The rationale for the denial was due to lack documented pathology, pain not being clearly described as neuropathic, psychological evaluation not being provided, and no documentation of a successful trial as defined by guidelines being no mention of improved function or reduction in oral medication usage. The reviewer also stated the psychological clearance was greater than one year ago and was for a different procedure so felt an updated one should be done first. Lastly the review was unclear why the request was being placed again since the pump implantation was already authorized to be placed on 8/21/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Pump Implant, with fluoroscopic guidance and general anesthesia:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Implantable drug-delivery systems (IDDs) Page(s): 52-54.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 52 of 127.

**Decision rationale:** Regarding the request for an intrathecal pump implant, Chronic Pain Medical Treatment Guidelines state that implantable drug delivery systems are recommended only as an end-stage treatment alternative for selected patients for specific conditions indicated below including failure of at least 6 months of less invasive methods such as pharmacological interventions and following a successful temporary trial meaning documentation of not just reduction in pain but also improvement in function and decreased medication usage. In the documentation available for review, there is no clear documentation of functional improvement and decreased medication usage during the trial. In addition the negative urine drug screen for an opiate despite the injured worker being prescribed an opiate is worrisome. It is unclear if the urine drug screen does not test for Dilaudid under the opiate screen or if a confirmation was done that was indeed positive for the opiate and this is not clearly addressed. If it does test for Dilaudid then the injured worker has not failed pharmacological interventions. In light of the above issues, the currently requested pump implant is not medically necessary.