

Case Number:	CM14-0085785		
Date Assigned:	07/23/2014	Date of Injury:	11/14/1998
Decision Date:	06/26/2015	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/09/2014

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:

The injured worker is a 48 year old female ho sustained an industrial injury on 11/14/98. Initial complaints and diagnoses are not available. Treatments to date include an intrathecal pain pump, spinal fusion surgeries, and micro discectomies. Diagnostic studies include lumbar spine MRI, CT myelogram, and nerve conduction studies. Current complaints include a malfunctioning intrathecal pain pump, low back pain, left leg radicular symptoms, and nausea. Current diagnoses include left lower extremity radiculopathy, and depression/anxiety. In a progress note dated 05/12/14 the treating provider reports the plan of care as explant of intrathecal infusion pump, neurosurgical consultation regarding removal of arachnoid cystic structure, and medications including Norco, Zofran, Clonidine, Soma, and Ambien. The requested treatment is explant of intrathecal drug delivery system. The pump was removed on 7/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 explant of the intrathecal infusion pump delivery system: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 52 of 127.

Decision rationale: Regarding the request for an intrathecal pump explant, Chronic Pain Medical Treatment Guidelines state that implantable drug delivery systems are permanently implanted intrathecal (intraspinal) infusion pumps. In the documentation available for review, there is no clear documentation for a medical reason for the removal of a device that was meant to be permanently placed. In light of the above issues, the currently requested pump explant is not medically necessary.