

Case Number:	CM15-0017428		
Date Assigned:	02/05/2015	Date of Injury:	02/19/2009
Decision Date:	03/25/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	01/29/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 38 year old male, who sustained an industrial injury on 2/19/2009, after falling off a roof. The diagnoses have included lumbago. Treatment to date has included surgical intervention and conservative treatments. Spinal surgery was noted in February 2013. Magnetic resonance imaging of the lumbar spine, dated 5/23/2014, showed evidence of fusion of L5 and S1 and mild bilateral neural foraminal stenosis at L4-5 and L5-S1. The progress report, dated 7/07/2014, noted failed back surgery syndrome, with constant low back pain going down both legs to the mid thigh. A computerized tomography of the lumbar spine on 11/03/2014 showed evidence of solid fusion. Currently, the injured worker complains of back pain, rated 7/10. He used narcotic and anti-inflammatory medications for pain. His gait was antalgic and he appeared in no apparent distress. Tenderness on the paraspinal muscles at L3, L4, and L5 was noted bilaterally and decreased range of motion was documented. Positive special testing included FABER sign, thigh thrust, and distraction sign on the left. Surgical intervention was planned for hardware removal in the lumbar spine, with a date of 1/21/2015. On 1/22/2015, Utilization Review non-certified a request for a post-operative pain pump, noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative Pain Pump: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 52.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable drug-delivery systems (IDDSs) Page(s): 51-54.

Decision rationale: MTUS states Recommended only as an end-stage treatment alternative for selected patients for specific conditions indicated below, after failure of at least 6 months of less invasive methods, and following a successful temporary trial. MTUS further states Used for the treatment of non-malignant (non-cancerous) pain with a duration of greater than 6 months and all of the following criteria are met: 1. Documentation, in the medical record, of the failure of 6 months of other conservative treatment modalities (pharmacologic, surgical, psychologic or physical), if appropriate and not contraindicated; and 2. Intractable pain secondary to a disease state with objective documentation of pathology in the medical record; and 3. Further surgical intervention or other treatment is not indicated or likely to be effective; and 4. Psychological evaluation has been obtained and evaluation states that the pain is not primarily psychologic in origin and that benefit would occur with implantation despite any psychiatric comorbidity; and 5. No contraindications to implantation exist such as sepsis or coagulopathy; and 6. A temporary trial of spinal (epidural or intrathecal) opiates has been successful prior to permanent implantation as defined by at least a 50% to 70% reduction in pain and documentation in the medical record of functional improvement and associated reduction in oral pain medication use. A temporary trial of intrathecal (intraspinal) infusion pumps is considered medically necessary only when criteria 1- 5 above are met. Medical records indicate that the pain pump will be used for a reduction in pain post-hardware removal. Implantation of a pain pump for post-operative pain is in not supported by MTUS guidelines. As such, the request for a post-operative pain pump is not medically necessary.