

<b>Case Number:</b>	CM15-0115225		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	04/02/2001
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 was diagnosed as having status post extension of fusion L3-4; chronic pain syndrome; status post DCS placement; status post posterior lumbar decompression with fixation L5-S1. Treatment to date has included status post lumbar fusion at L3-S1 (10/29/13); status post dorsal column stimulator; medications. Diagnostics included CT scan lumbar spine (6/25/13); x-rays lumbar spine (1/13/14; 5/22/14; 12/4/14). Currently, the PR-2 notes dated 5/21/15 indicated the injured worker presents following a lumbar epidural steroid injection at L4-5 and L5-S1 on 10/16/14. The physical examination of the lumbar spine revealed tenderness on palpation, limited range of motion, muscle spasm, and decreased strength and sensation in LE. He has been for pain management evaluation with another provider who recommends a trial of implantable pain pump. The injured worker wishes to proceed with this and reports he is one year status post anterior lumbar discectomy and interbody fusion at L3-4 (10/29/13). He continues to undergo CBT and biofeedback sessions. He has found limited benefit with these sessions. He reports he has no symptoms in his right leg at this time but his left leg continues to be very bothersome for him. He is interested in repeat injections. His current medications are listed as: Suboxone 8mg TID, Gabapentin 800mg TID and Ambien at night. He also uses Bupropion, Seroquel, and Cymbalta, meloxicam, Nortriptyline, Colace and Pantoprazole. On physical examination, the provider notes well healed abdominal, left iliac crest and posterior incision sites. On lumbar spine inspection there is tenderness to palpation with positive mild muscle guarding and spasms. The sacroiliac tenderness is noted on the left. Sensory examination notes intact pinprick sensation in all lower extremity dermatomes; diminished in the left L3, L4, L5 and S1

dermatomes. He has an antalgic gait with use of a single point cane. A CT myelogram of the lumbar spine was reviewed in these notes dated 6/25/13. The impression is documented as status post discectomy at L4-5 and L5-S1 with interbody fusion grafts in place. Solid bone bridging across L5-S1 disc space and partial bone bridging across L4-5 disc space mostly on the left. Osteometallic fusion spanning L4-S1 with bilateral vertical rods. Transpedicular screws at L4 and S1 on the right and L4, L5 and S1 on the left. No hardware complications. There is narrowing of the neural foramen at L4-L5 and L5-S1 on the left. Lumbar x-rays of 1/13/14 show progressing interbody fusion at L3-4. Lumbar x-rays dated 5/22/14 show progressing interbody fusion at L3-4 and stable hardware at L3-S1. Adjacent level disc heights were well maintained with no evidence of fracture. The dorsal spinal cord stimulator leads and battery were in place. The provider's treatment plan indicates the injured worker is improving but slowly. He was recommended by another provider for the implantable pain pump. He has been authorized for three lumbar epidural steroid injections at L4-5 and L5-S1 and has undergone one of these but the authorization has expired for the remaining two. He requested an authorization for the extension of those. This provider is requesting authorization of an Intrathecal pump (trial) and x-ray of the lumbar spine. Patient has received an unspecified number of PT visits for this injury. A psychiatric evaluation on March 2013 revealed that the patient has had anxiety and depression. A recent detailed psychological evaluation is not specified in the records provided.

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

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

**Intrathecal pump (trial): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Indications for Implantable drug-delivery systems.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines California Medical Treatment Utilization Schedule (MTUS), Page 52, Implantable drug-delivery systems (IDDSs) ODG Chapter Pain (updated 07/15/15) Implantable drug-delivery systems (IDDSs).

**Decision rationale:** Request: Intrathecal pump trial - As per cited guidelines "Implantable drug- delivery systems (IDDSs): 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". Used for the treatment of non-malignant (non-cancerous) pain with 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. Any evidence of intractable pain secondary to a disease state with objective documentation of pathology was not specified in the records provided. Any evidence of the failure of 6 months of other conservative treatment modalities (pharmacologic, surgical, psychological or physical), was not specified in the records provided. A recent detailed psychological evaluation is not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. Response to prior conservative therapy is not specified in the records provided. Prior conservative therapy notes are not specified in the records provided. The patient is status post dorsal column stimulator. The detailed response of the dorsal column stimulator was not specified in the records. A plan to treat the pt with epidural steroid injections was noted. The detailed response to these injections was not specified in the records provided. The medical necessity of the request for Intrathecal pump (trial) is not fully established in this patient. Therefore, the request is not medically necessary.

**X-ray of the lumbar spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**Decision rationale:** X-ray of the lumbar spine - Per the ACOEM guidelines cited below, "Lumbar spine x rays... may be appropriate when the physician believes it would aid in patient management." The injured worker was diagnosed as having status post extension of fusion L3-4; chronic pain syndrome; status post DCS placement; status post posterior lumbar decompression with fixation L5-S1. Treatment to date has included status post lumbar fusion at L3-S1 (10/29/13); status post dorsal column stimulator; medications. Diagnostics included CT scan lumbar spine (6/25/13); x-rays lumbar spine (1/13/14; 5/22/14; 12/4/14). Currently, the PR-2 notes dated 5/21/15 indicated the injured worker presents following a lumbar epidural steroid injection at L4-5 and L5-S1 on 10/16/14. The physical examination of the lumbar spine revealed tenderness on palpation, limited range of motion, muscle spasm, and decreased strength and sensation in LE. He has an antalgic gait with use of a single point cane. A CT myelogram of the lumbar spine was reviewed in these notes dated 6/25/13. The impression is documented as status post discectomy at L4-5 and L5-S1 with interbody fusion grafts in place. Osteometallic fusion spanning L4-S1 with bilateral vertical rods. Transpedicular screws at L4 and S1 on the right and L4, L5 and S1 on the left. No hardware complications. The patient has evidence of significant objective findings in the low back area, a history of lumbar surgery with presence of hardware in the lumbar spine. The last x-ray was done in 12/2014. X-ray of the lumbar spine to aid in further management is deemed medically appropriate and necessary in this patient at this time. The request for X-ray of the lumbar spine is medically necessary and appropriate for this patient.