

Case Number:	CM15-0120935		
Date Assigned:	07/01/2015	Date of Injury:	09/14/2004
Decision Date:	07/30/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/23/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 51 year old male who sustained a work related injury September 14, 2004. While unloading a delivery truck, he was carrying something and fell off a 12 foot embankment onto his back. Past history included spinal fusion 2006, and hardware removal 2012. According to a supplemental status report on pain management progress, dated May 20, 2015, the injured worker presented with complaints of low back pain, present for 8 years, constant, burning, aching, and sharp and rated 10/10. The pain radiates to the bilateral lower extremities right greater than left. His only pain relief in addition to medication is lying down in bed. He reports constant, burning, stabbing left leg pain for the past 8 days, rated 9/10. Physical examination revealed; gait is antalgic, bending with cane, straight leg raise is positive at 30 degrees right leg, paraspinal tenderness and decreased range of motion in the lumbar spine. Only two pages of four of this progress report are present in the medical record. There is documentation present from an April 21, 2015 visit; pain management physician is waiting a spine surgeon for a second opinion regarding an intrathecal pump. Diagnoses included thoracic spine disc bulges; lumbar spine disc bulge with radicular pain; right hand degenerative joint disease. At issue, is the request for authorization for an intrathecal pump trial and Valium.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable drug-delivery systems (IDDSs) Page(s): 52.

Decision rationale: According to MTUS guidelines, "Implantable drug-delivery systems (IDDSs) is recommended only as an end-stage treatment alternative for selected patients for specific conditions indicated below (Cancer conditions), after failure of at least 6 months of less invasive methods, and following a successful temporary trial". There is no documentation of failure of all less invasive conservative therapies. There is no documentation of the outcome of an orthopedic evaluation. Therefore, the request for Intrathecal pump trial is not medically necessary.

Valium 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: According to MTUS guidelines, benzodiazepines are not recommended for long term use for pain management because of unproven long term efficacy and because of the risk of dependence. Most guidelines limit their use to 4 weeks. There is no recent documentation that the patient has insomnia. Therefore, the prescription of Valium 10mg #60 is not medically necessary.