

<b>Case Number:</b>	CM15-0123558		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	12/03/2001
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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 45 year old female, who sustained an industrial injury on December 3, 2001, incurring neck, back and shoulder injuries. She was diagnosed with cervical radiculopathy and tendinitis of the hand. Treatment included implantation of an intrathecal pump for pain, therapy and work restrictions and modifications. Currently, the injured worker complained of increased pain in her neck radiating down both shoulders and upper extremities. She was diagnosed with chronic intractable pain, reflex sympathetic dystrophy of the upper extremities and chronic cervical pain. The treatment plan that was requested for authorization included twelve office visits for pump refill, adjustment and programming.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) office visits for pump refill, adjustment, and programming:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Implantable drug-delivery systems (IDDSs) <http://www.odg-twc.com/index.html>.

**Decision rationale:** According to ODG guidelines, Implantable drug-delivery systems (IDDSs) Recommended only as an end-stage treatment alternative for selected patients for specific conditions indicated in the blue criteria below, after failure of at least 6 months of less invasive methods, and following a successful temporary trial. There is insufficient evidence to recommend the use of implantable drug-delivery systems (IDDS) for the treatment of chronic pain. There are no high quality studies on this topic that document that this therapy is safe and effective. Further, significant complications and adverse events have been documented and the data identifies a substantial risk to patients. The patient has had the pump implanted for almost 3 years and there are no medications that require more frequent refills. Therefore, the request for 12 office visits for pump refill, adjustment, and programming is not medically necessary.