

Case Number:	CM15-0126343		
Date Assigned:	07/13/2015	Date of Injury:	06/20/2000
Decision Date:	09/03/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/01/2015

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: Arizona, Texas
 Certification(s)/Specialty: Internal 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 46-year-old male, who sustained an industrial injury on June 20, 2000. The injured worker has complaints of lower back pain radiating down to both lower extremities and neck pain associated with cervicogenic headaches and migraines and complaints of bilateral knee pain. Cervical spine examination revealed tenderness to palpation along the posterior cervical musculature bilaterally with trigger points that are palpable and tender along the occipital paraspinal muscles, upper trapezius muscle and suboccipital regions bilaterally. Lumbar spine examination reveals tenderness to palpation along the posterolateral musculature bilaterally. The diagnoses have included neurogenic bladder; cervical myoligamentous injury; lumbar myoligamentous and bilateral lower extremity radiculopathy, left greater than right. The documentation noted that the injured worker performs self-intermittent catheterization and reports that his urologic disability is 100 percent related to his industrial injury. Treatment to date has included posterior lumbar interbody infusion at L4-L5 and L5-S1 (sacroiliac) on June 8, 2010; trigger point injections; botox injections; corticosteroid injections; MS contin; norco; anaprox DS; neurontin; right knee X-ray on November 8, 2014 showed degenerative changes with medial compartment joint space narrowing; left knee X-ray on November 8, 2014 showed degenerative changes with medial joint space narrowing; magnetic resonance imaging (MRI) of the lumbar spine on September 24, 2014 showed the L5 vertebral segment is transitional and partially sacralized with a rudimentary L5-S1 (sacroiliac) disc; magnetic resonance imaging (MRI) of the cervical spine on September 24, 2014 showed straightening of the cervical lordosis, degenerative discogenic spondylosis a primarily at C6-C7; magnetic resonance

imaging (MRI) of left knee on November 8, 2014 showed medial meniscal tear, posterior horn and posterior body, medial femorotibial joint space narrowing and magnetic resonance imaging (MRI) of right knee on November 8, 2014 showed medial meniscus myxoid change versus tear, anterior and posterior horns. The request was for trial intrathecal morphine pump.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial Intrathecal Morphine Pump: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines IDDSs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 52-54.

Decision rationale: According to the MTUS, an Intrathecal pain delivery system is recommended when 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: 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 Intractable pain secondary to a disease state with objective documentation of pathology in the medical record; and Further surgical intervention or other treatment is not indicated or likely to be effective; and 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 No contraindications to implantation exist such as sepsis or coagulopathy; and 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. In this case the patient suffers from lumbar post-laminectomy syndrome, depression and agoraphobia. The office visit dated 6/12/15 is reviewed. The provider documents that the lumbar fusion surgery "didn't take" and the surgeon is considering that the patient needs another surgery. The psychological evaluation is not included in the documentation and the pain specialist notes that the patient requires further treatment by a psychiatrist and has never been evaluated by one. The request for Intrathecal morphine pump is denied as the patient possibly will require further lumbar surgery and the results of the psychiatric evaluation are not available. He has not met criteria for placement of a pump. This request is not medically necessary.