

Case Number:	CM15-0020745		
Date Assigned:	02/10/2015	Date of Injury:	01/20/2006
Decision Date:	04/14/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	02/04/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 45-year-old female sustained an industrial injury on 1/20/06, with subsequent ongoing back pain. Magnetic resonance imaging lumbar spine (9/8/13) showed a solid fusion without evidence of loosening, infection or fracture. Electrodiagnostic study showed a compression neuropathy/radiculopathy on the right at S1 and bilateral menalagia paresthetica. Treatment included pain management consultation, medications and a trial of a spinal cord stimulator. Sacroiliac joint injection (10/15/14) failed to improve the injured worker's pain. In a PR-2 dated 12/30/14, the injured worker complained of pain in the low and mid back bilaterally with shooting burning pain down bilateral lower extremities and neuropathic burning pain in the right vaginal area, pelvis and anterior thighs. The injured worker reported ongoing episodes of urinary incontinence with subsequent urinary tract infections. Physical exam was remarkable for tenderness to palpation to the lumbar spine and right sacroiliac joint with restricted, painful range of motion and diminished lower extremity motor strength. Current diagnoses included lumbosacral radiculitis, lumbar post-laminectomy syndrome, sacroiliitis and drug induced constipation. The treatment plan included a trial of intrathecal opiates injections under fluoroscopy guidance under controlled setting with post procedure close monitoring and refilling Norco. On 1/5/15, Utilization Review noncertified a request for trial of intrathecal opiates injections under fluoroscopy guidance under controlled setting with post procedure close monitoring noting lack of preliminary psychological evaluation. No guidelines were cited. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of intrathecal opiates injections under fluoroscopy guidance under controlled setting with post procedure close monitoring: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 54.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: Trial of Intrathecal opiates injections under fluoroscopy guidance under controlled setting with post procedure close monitoring and refilling Norco is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances; (b) continuing pain with evidence of intolerable adverse effects; (c) decrease in functioning; (d) resolution of pain; (e) if serious non-adherence is occurring; (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this oral opioid medication and there was a lack of improved function. Additionally, the claimant failed multiple medical treatments including spinal cord stimulator. It is not likely that the patient will benefit from intrathecal opioids; therefore, the requested medication is not medically necessary.