

<b>Case Number:</b>	CM15-0029903		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	09/21/2012
<b>Decision Date:</b>	06/15/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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: California, North Carolina  
 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 is 47-year-old male, who sustained an industrial injury on September 21, 2012 while working as an installer. The injury occurred while moving and lifting heavy cases. The injured worker experienced mid-back pain. The diagnoses have included thoracic disc degeneration, sub-acute versus chronic thoracic compression fracture, thoracic spondylosis, and thoracic spine pain, spasm of muscle, opioid dependence and chronic pain syndrome. Treatment to date has included medications, radiological studies, an H-wave unit and facet injections. Current documentation dated January 20, 2015 notes that the injured worker reported right-sided thoracic pain rated a seven out of ten on the visual analogue scale with medications. Examination of the thoracic spine revealed right mid-thoracic spine pain, spasms and a decreased range of motion with extension. The treating physician's plan of care included a request for a pump trial with fluoroscopy and possible sedation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pump trial with flouroscopy & possible sedation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Indications for implantable drug delivery systems Page(s): 53-54.

**Decision rationale:** The request is for a pump trial with fluoroscopy and possible sedation in a patient with chronic mid to upper back pain following an industrial injury in 2012. The claimant meets some of the criteria for a trial of a pain pump, including documentation that the patient has failed at least 6 months of conservative modalities, is not a surgical candidate and no contraindications to an implantable device exist. However, the criteria also require a psychological evaluation, which has not been submitted with the medical records for review. The purpose of the psychological evaluation is to determine that the pain is not primarily psychological in origin and that benefit would occur with an implantable device despite any psychiatric comorbidity. Thus, the request is deemed not medically necessary due to the lack of a psychological evaluation as mandated by MTUS Guidelines.