

Case Number:	CM15-0038767		
Date Assigned:	03/09/2015	Date of Injury:	05/18/2011
Decision Date:	04/20/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/02/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 42 year old female, who sustained an industrial injury on 5/18/2011. The mechanism of injury and initial complaint was not provided for review. The injured worker's diagnoses included status post lumbosacral posterior fusion, anxiety, depression, insomnia, right hip pain and status post neuro-stimulator placement. Treatment to date has included lumbar 5 to sacral 1 posterior spinal fusion with inadequate union, physical therapy, aquatic therapy and medication management. The injured worker had a neuro-stimulator placed in 2013 with only minimal relief. Currently, the injured worker complains low back pain that radiates to the bilateral hips and legs with right being greater than the left. The treatment plan as noted on 1/6/2015 included intrathecal trial of a Morphine pain pump.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intrathecal Trial Morphine Pump: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS: Implantable drug delivery systems, page 52.

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

Decision rationale: The patient presents with 9/10 low back pain that radiates to the bilateral hips and legs with right being greater than the left. The request is for INTRATHECAL TRIAL MORPHINE PUMP. The RFA is not provided. Patient's diagnosis included status post lumbosacral posterior fusion, anxiety, depression, insomnia, right hip pain and status post neuro-stimulator placement. Treatment to date has included L5-S1 posterior spinal fusion with inadequate union, physical therapy, aquatic therapy and medication management. The patient had a neuro-stimulator placed in 2013 with only minimal relief. The patient was previously declared permanent and stationary. MTUS Chronic Pain Medical Treatment Guidelines discusses the use of intrathecal morphine pumps on pages 52-54, under Implantable drug-delivery systems (IDDSs). When used for non-malignant (non-cancerous) pain, MTUS requires that a 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. In this case, the patient has failed medications, conservative treatments, and failed back surgery. The use of Intrathecal Pump for patient's severe chronic back pain appears to be consistent with some, but not all of the MTUS criteria. There is no documentation of an independent psychological evaluation to demonstrate that the pain is not primarily psychological in origin. The request IS NOT medically necessary.