

Case Number:	CM15-0069281		
Date Assigned:	04/16/2015	Date of Injury:	09/21/2012
Decision Date:	06/15/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/13/2015

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, Indiana, New York
 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 48 year old male, who sustained an industrial injury on September 21, 2012. The injured worker was diagnosed as having thoracic spondylosis, muscle spasm, opioid dependence, unspecified myalgia/myositis, degeneration of thoracic or thoracolumbar intervertebral disc, and thoracic spine pain secondary to degenerative disc disease at T7-T8 and T9-T10. Treatment to date has included MRI, x-rays, H-wave, and medication. Currently, the injured worker complains of low back pain and right side thoracic spine pain. The Treating Physician's report dated March 4, 2015, noted the injured worker's pain without medication as a 9/10 and with medication a 7/10 on the numeric pain score, decreased by medication and H-wave. The treatment plan was noted to include a request for authorization for an intrathecal pump trial to be performed under fluoroscopic guidance, and request for a neuropsychiatry evaluation for the intrathecal pump trial, with refill of Flector patch, Nucynta ER, Nucynta IR, Lidocaine patch, and Cymbalta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric clearance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 101.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, page 127.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, psychiatric clearance is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured worker's working diagnoses are thoracic spine pain secondary to degenerative disc disease T7-T8 and T9-T10; lumbar spondylosis; chronic pain syndrome; and opiate dependence. According to a March 4, 2015 progress note by the pain management specialist (request for authorization March 11, 2015), the injured worker complains of 9/10 pain without medication and 7/10 pain with medication. Pain is decreased opiate medications. A facet joint injection was recommended in October 2014 and subsequently denied. Objectively, the physical examination is limited to a very cursory HEENT, respiratory exam that showed symmetrical breathing and unlabored respirations. Musculoskeletal showed right mid thoracic pain and spasm. Neurologic evaluation showed a normal mental status and normal muscle tone. There was no detailed neurologic evaluation demonstrating neurologic deficits. Current medications include Flector patch, Nucynta ER 150mg, Nucynta IR 50 mg; lidocaine 5% patch; and Cymbalta. There is documentation in the medical record of opiate dependence. There is no documentation the injured worker submitted to a detox program. The January 2015 progress note mentioned recommendations for opiate dependence to a detox program. The medical record contains 31 pages. There is no documentation providing a six-month review of conservative treatment modalities including physical therapy and injections. Other than pain and spasm in the right mid thoracic region, there are no physical examination or objective abnormalities noted. Absent clinical documentation with a detailed review of conservative treatment with objective functional improvement including physical therapy, injections, recommendations and follow through with a detoxification program for opiate dependence, a history of prior psychological evaluation and a detailed physical examination demonstrating musculoskeletal and neurologic deficits, an intrathecal pain pump is not medically necessary. As a result, if the intrathecal pain pump is not medically necessary, psychiatric clearance is not medically necessary.

Intrathecal pump trial under fluoroscopic guidance: 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 Intrathecal pain pump Page(s): 55. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Intrathecal pain pump.

Decision rationale: Pursuant to the Official Disability Guidelines, intrathecal pain pump trial under fluoroscopy guidance is not medically necessary. Pain pumps are used for treatment of nonmalignant (noncancerous) pain with a duration of greater than six months and all of the following criteria are met and documented by treating providers in the medical record. These include non-opiate oral medication regimens have been tried and failed to relieve pain and improve function; at least six months of other conservative treatment modalities including injection, surgical, psychological or physical) have been ineffective in relieving pain and improving function; intractable pain secondary to a disease state with objective documentation of pathology; further surgical intervention or other treatment is not indicated are likely to be effective; independent psychological evaluation has been obtained and the evaluation states pain is not psychological origin, the patient has realistic expectations and that benefit would occur with implantation despite any psychiatric comorbidity and no contraindication exists; there has been documented improvement in pain and function in response to oral opiate medications; a temporary trial of spinal (epidural or intrathecal) opiates has been successful prior to permanent implantation as defined by 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 infusion pumps is considered medically necessary only when the criteria enumerated above are met. In this case, the injured worker's working diagnoses are thoracic spine pain secondary to degenerative disc disease T7-T8 and T9 - T10; lumbar spondylosis; chronic pain syndrome; and opiate dependence. According to a March 4, 2015 progress note by the pain management specialist (request for authorization March 11, 2015), the injured worker complains of 9/10 pain without medication and 7/10 pain with medication. Pain is decreased opiate medications. A facet joint injection was recommended in October 2014 and subsequently denied. Objectively, the physical examination is limited to a very cursory HEENT, respiratory exam that showed symmetrical breathing and unlabored respirations. Musculoskeletal showed right mid thoracic pain and spasm. Neurologic evaluation showed a normal mental status and normal muscle tone. There was no detailed neurologic evaluation demonstrating neurologic deficits. Current medications include Flector patch, Nucynta ER 150mg, Nucynta IR 50 mg; lidocaine 5% patch; and Cymbalta. There is documentation in the medical record of opiate dependence. There is no documentation the injured worker submitted to a detox program. The January 2015 progress note mentioned recommendations for opiate dependence to a detox program. The medical record contains 31 pages. There is no documentation providing a six-month review of conservative treatment modalities including physical therapy and injections. Other than pain and spasm in the right mid thoracic region, there are no physical examination or objective abnormalities noted. Consequently, absent clinical documentation with a detailed review of conservative treatment with objective functional improvement including physical therapy, injections, recommendations and follow through with a detoxification program for opiate dependence, a history of prior psychological evaluation and a detailed physical examination demonstrating musculoskeletal and neurologic deficits, an intrathecal pain pump trial under fluoroscopy guidance is not medically necessary.