

<b>Case Number:</b>	CM15-0069978		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	05/20/1997
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 54 year old female who sustained an industrial injury on 5/20/1997. Her diagnoses, and/or impressions, included: left lower extremity above the knee amputation; left lower extremity phantom pain; status-post open reduction internal fixation of the left hip and status-post left hip contracture release; pain in joint; and opioid type dependence. No current magnetic resonance imaging studies are noted. Her treatments have included urine toxicology studies; exercise and stretching; keeping a pain diary; and medication management. Pain management progress notes of 7/22/2014, 9/26/2014, 10/23/2014 & 11/19/2014 all reported that the psych evaluation had been requested, or was pending authorization, for the spinal cord stimulator trial, that no response was received as of 11/19/2014, and that she certainly needs this clearance for the pain pump. The primary physician progress notes of 3/3/2015 reported the pain management physician's notes, of 11/21/2014, that she complains of left lower extremity pain and that the psyche evaluation for the spinal cord stimulator trial is still pending. The physician's requests for treatments were noted to include pain pump trial for the left phantom limb pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) pain pump trial with fluoroscopy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - <http://www.acoempracguides.org/Chronic> Pain, Table 2, Summary of Recommendations, Chronic Pain Disorders.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Implantable drug-delivery systems (IDDSs) Page(s): 51-54.

**Decision rationale:** MTUS states "Recommended only as an end-stage treatment alternative for selected patients for specific conditions indicated below, after failure of at least 6 months of less invasive methods, and following a successful temporary trial." MTUS further states "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: 1. 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 2. Intractable pain secondary to a disease state with objective documentation of pathology in the medical record; and 3. Further surgical intervention or other treatment is not indicated or likely to be effective; and 4. 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 5. No contraindications to implantation exist such as sepsis or coagulopathy; and 6. 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 (intraspinial) infusion pumps is considered medically necessary only when criteria 1-5 above are met." While the treating physician has met some of the above criteria, the treating physician has not met all six criteria for an Implantable drug-delivery system (IDDSs), specifically a psychological clearance. As such, the request for One (1) pain pump trial with fluoroscopy is not medically necessary at this time.