

Case Number:	CM15-0071876		
Date Assigned:	04/22/2015	Date of Injury:	03/21/1996
Decision Date:	06/11/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/15/2015

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: Emergency 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 58 year old male who sustained an industrial injury on 3/21/96. The injured worker reported symptoms in the back. The injured worker was diagnosed as having lumbar post-laminectomy syndrome, chronic pain syndrome, degenerative disc disease, facet syndrome lumbar/lumbosacral. Treatments to date have included oral pain medication, antiemetics, sleep number adjustable mattress, spinal cord stimulator. Currently, the injured worker complains of pain in the back. The plan of care was for pump refills and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ten (10) pump refills and reprogramming: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable drug delivery systems (IDDSs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Spin/brain pump refill & main.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG), Low Back (Acute & Chronic), Post-Operative Pain Pump.

Decision rationale: The requested Ten (10) pump refills and reprogramming, is not medically necessary. CA MTUS is silent. Official Disability Guidelines (ODG), Low Back (Acute & Chronic), Post-Operative Pain Pump, noted that a post-operative pain pump is "Not recommended. There is insufficient evidence to conclude that direct infusion is as effective as or more effective than conventional pre or postoperative pain control using oral, intramuscular or intravenous measures." The injured worker has chronic back pain. The treating physician has not documented the medical necessity for this quantity of pump refills without continued documentation of functional benefit and measures of opiate surveillance. The criteria noted above not having been met, Ten (10) pump refills and reprogramming is not medically necessary