

Case Number:	CM15-0072289		
Date Assigned:	04/22/2015	Date of Injury:	08/28/1994
Decision Date:	05/21/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/16/2015

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 68 year old female, who sustained an industrial injury on 08/28/1994. The injured worker is currently diagnosed as having chronic lower back pain, industrial aggravation of multilevel lumbar degenerative disc disease, status post lumbar laminectomy, and status post spinal cord stimulator trial. Treatment and diagnostics to date has included lumbar surgery, spinal cord stimulator trial, and medications. In a progress note dated 02/13/2015, the injured worker presented with complaints of back pain. The treating physician reported requesting authorization for an intrathecal pain pump.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intrathecal Pain Pump Trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable Drug Delivery Systems Page(s): 52.

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

Decision rationale: This patient presents with chronic low back pain. The current request is for Intrathecal Pain Pump Trial. Treatments to date have included lumbar surgery (1994), spinal cord stimulator trial, and medications. Current medications are Oxycontin, Soma, Cymbalta, Lunesta, Ativan and Quazepam. 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 psychological in origin and that benefit would occur with implantation despite any psychiatric comorbidity. The patient presents with chronic pain and the treating physician recommended an intrathecal pain pump due to her memory impairment and high dose of pain medications. There is no documentation of an independent psychological evaluation to demonstrate that the pain is not primarily psychological in origin. A temporary trial of intrathecal (intraspinal) infusion pump is considered medically necessary only when all criteria are met. In this case, there is no discussion of a psychological clearance as required by ODG for an intra-theal pump trial. The requested intrathecal pump is not medically necessary.