

Case Number:	CM15-0073900		
Date Assigned:	04/27/2015	Date of Injury:	01/29/2009
Decision Date:	05/22/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/17/2015

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: New York

Certification(s)/Specialty: Neurological Surgery

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 44 year old female, who sustained an industrial injury on 01/29/2009. The initial complaints and diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, x-rays, CT scans, MRIs, injections, spinal cord stimulator trial, and conservative therapies. Currently, the injured worker complains of constant low back pain with radiating pain into the bilateral lower extremities and up the back and into the front of her abdomen. The injured worker reports that her pain is increased with sitting or standing of long periods and with walking, and that the pain is improved with medications, injections and heat. The injured worker also complained of cervical spine pain with radiation into the upper extremities. Current medication regimen includes: Nucynta, , Roxicodone, Amitiza, Buspar, Cymbalta, Ditropan and Trazodone. The diagnoses include degenerative intervertebral disc disease of the lumbar/lumbosacral spine, spinal stenosis in the cervical region, continuous opioid dependence, carpal tunnel syndrome, and displacement of cervical disc without myelopathy. The request for authorization consisted of intrathecal pump trial (qty #7), trail removal, pump medications of Fentanyl and Marcaine, pre-operative laboratory testing (CBC, CMP, PT, PTT and INR), and medications including Roxicodone, Nucynta, Amitiza, Buspar, Cymbalta, Ditropan and Trazodone (all medications approved).

IMR ISSUES, DECISIONS AND RATIONALES

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

Intrathecal pump trial Qty: 7.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 52-54.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter- Implantable Drug Delivery systems.

Decision rationale: The ODG guidelines recommend implantable drug delivery systems for selected patients for specific conditions after failure of at least six months of less invasive methods. It is noted from the documentation this patient has a drug dependency problem as well psychological problems that have not been addressed. Prior UR authorization of opioids by the UR contained the strong recommendation that a tapering program begin immediately. Documentation does not show such a program was begun. Documentation does not show this patient meets the ODG criteria for an intrathecal implantation. The requested treatment: Intrathecal pump trial Qty: 7.00 is NOT Medically necessary and appropriate.

Trial removal: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pump medications Fentanyl 25mg/ml: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pump Medications Marcaine 0.5%ml: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-operative CBC: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-operative Comprehensive metabolic panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-operative Prothombin time: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-operative Thromboplastin time, partial (PTT); plasma or whole food: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-operative INR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.