

Case Number:	CM15-0077506		
Date Assigned:	04/29/2015	Date of Injury:	01/08/2010
Decision Date:	06/01/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/23/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 65-year-old female, who sustained an industrial injury on January 8, 2010. She has reported back pain, hip pain, and leg pain. Diagnoses have included lumbar spine disc displacement, lumbar spine stenosis, lumbar spine degenerative disc disease, lumbosacral spondylosis, lumbar spine radiculopathy, back sprain, and sciatica. Treatment to date has included medications, hip surgery, facet injections, and imaging studies. A progress note dated August 19, 2014 indicates that the injured worker had been evaluated by a surgeon, but that surgery was not a consideration without weight loss. A progress note dated February 2, 2015 documents that the injured worker was having difficulty with weight loss despite trials of multiple modalities, including bariatric surgery. The injured worker stated that her current medications did not offer enough pain relief for exercise. The treating physician documented a plan of care that included medications, an intrathecal pump trial, and psychological evaluation for the pump trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain pump trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines IDDSs Page(s): 52-53.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 52.

Decision rationale: Regarding the request for an intrathecal pump trial, Chronic Pain Medical Treatment Guidelines state that implantable drug delivery systems are recommended only as an end-stage treatment alternative for selected patients for specific conditions indicated below including failure of at least 6 months of less invasive methods such as pharmacological interventions and following a successful temporary trial meaning documentation of not just reduction in pain but also improvement in function and decreased medication usage. In the documentation available for review, there is no clear documentation of failure of at least 6 months of less invasive methods (pharmacologic, surgical, psychologic or physical). In light of the above issues, the currently requested pump trial is not medically necessary.

Psychological evaluation for pain pump trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 101.

Decision rationale: Regarding the request for psychological evaluation for pain pump trial, Chronic Pain Medical Treatment Guidelines state that implantable drug delivery systems are recommended only as an end-stage treatment alternative for selected patients for specific conditions indicated below including failure of at least 6 months of less invasive methods such as pharmacological interventions and following a successful temporary trial meaning documentation of not just reduction in pain but also improvement in function and decreased medication usage. In the documentation available for review, there is no clear documentation of failure of less invasive methods (pharmacologic, surgical, psychologic or physical). In light of the above issues, the currently requested psychological evaluation for pain pump trial is not medically necessary.