

Case Number:	CM15-0078175		
Date Assigned:	04/29/2015	Date of Injury:	07/03/1995
Decision Date:	05/29/2015	UR Denial Date:	04/15/2015
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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 67 year old female who sustained an industrial injury on 7/3/95. The diagnoses have included lumbar post laminectomy syndrome and chronic pain syndrome. Treatment to date has included medications, conservative care, activity modifications and trial intrathecal pump. The diagnostic testing that was performed included MRI of the lumbar spine and urine drug screen. The current medications included Soma. Currently, as per the physician progress note dated 4/2/15, the injured worker is noted to be awaiting intrathecal pump implant with expectations to walk more and do more everyday things and improve her quality of life. Physical exam revealed she was overweight and in no acute distress with blood pressure of 136/80, height of 5 feet 4 inches and weight of 176. The pain level was rated 8/10 on pain scale with usual interval of 8-9/10. The remainder of the exam was noted to be unchanged. The physician noted that she had an excellent response to a trialed intrathecal pump with Dilaudid. The urine drug testing was consistent with medications prescribed. The physician requested treatment included Permanent pain Pump Placement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Permanent pain Pump Placement: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable Drug delivery Systems.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable drug-delivery systems (IDDSs) 9792.20 - 9792.26 Page(s): 52-54.

Decision rationale: According to the MTUS, there are numerous criteria which must be met prior to consideration of an implantable drug-delivery system. There is documentation that the patient has fulfilled a number of the criteria, but there is no documentation of a psychological examination or that all other treatment options have been exhausted. Permanent pain Pump Placement is not medically necessary.