

Case Number:	CM15-0079315		
Date Assigned:	04/30/2015	Date of Injury:	08/25/1999
Decision Date:	05/29/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/24/2015

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, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 46 year old male sustained an industrial injury to the low back on 8/25/99. Recent treatment included medications. Magnetic resonance imaging lumbar spine (10/23/14) showed normal alignment of the lumbar spine with mild multilevel disc desiccation, central disc protrusion and an annular fissure. In a pain medicine interval reported dated 3/12/15, the injured worker complained of pain to the low back with radiation into the right lower extremity and right shoulder pain rated 10/10 on the visual analog scale and 8/10 with medications. Current diagnoses included lumbar spine herniated nucleus pulposus, lumbar spine sprain/strain, opioid dependence, right lumbar spine radiculopathy and lumbar spine stenosis. The treatment plan included medications (Nucynta, soma, Neurontin, Lidoderm patch, Prozac and Zofran), chiropractic therapy once a week for six weeks and requesting neuropsychiatry evaluation for clearance for an intrathecal pump trial. A report dated November 24, 2014 recommends evaluation by a spine surgeon rather than continuing on medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intrathecal Pump Trial with Fluoroscopy: 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 x 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 52 of 127.

Decision rationale: Regarding the request for an intrathecal pump, 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 and following a successful temporary trial. Additionally, guidelines state that intrathecal pumps are only recommended when there are objective findings of pathology for which further surgical intervention is not indicated and psychological evaluation identifies that pain is not psychological in origin. Within the documentation available for review, there is no indication that the patient has been cleared from a psychological standpoint, or that there are no other treatment options remaining including injections, physical therapy, or spine surgery. As such, the currently requested intrathecal pump trial is not medically necessary.