

Case Number:	CM13-0052458		
Date Assigned:	12/27/2013	Date of Injury:	04/15/2004
Decision Date:	05/01/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/15/2013

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. The expert reviewer is Board Certified in Anesthesiology, Pain Management and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 56-year-old male who reported an injury on 04/15/2004. The mechanism of injury information is not provided in the medical record. A review of the medical record reveals the injured worker's diagnoses include posttraumatic headaches, intractable; cervical strain with bilateral cervical radiculitis status post cervical fusion in 2003; overuse syndrome of upper extremity status post bilateral carpal tunnel release and status post bilateral cubital tunnel release; lumbar radiculopathy status post surgery in 10/2004 with improvement but residual lumbar strain; secondary depression due to chronic pain; left lower extremity swelling due to chronic venous insufficiency; tinnitus due to head trauma incident; diplopia due to fall in 12/2012; numbness in teeth; and T12 compression fracture with 30% compression deformity. The injured worker continues to complain of chronic back pain with spasms in his back that he states are so severe he has difficulty walking. The injured worker reported he had a sense of numbness in his feet that continues to worsen. The injured worker denied incontinence. Objective findings upon examination revealed palpation showed spasms of the left erector spine and muscles. Examination showed low thoracic step-off that was tender. There was noted spasm of the erector spinae muscles on the left. Straight leg raise was negative. There is no evidence of cauda equina. The injured worker was given a Toradol 30 mg IV injection to help with his pain complaint. The patient was encouraged to try to be more active. The requested service is for an intrathecal pump.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTRATHECAL PUMP: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable Drug-Delivery Systems (IDDSs) Page(s): 52-54.

Decision rationale: Per California MTUS Guidelines Implantable Drug Delivery Systems there must be documentation in the medical record of failure of 6 months of conservative treatment, intractable pain secondary to disease state with objective documentation of pathology, further surgical intervention or other treatment is not indicated, psychological evaluation has been obtained, and there are no contraindications to implantation existing, and a temporary trial of spinal opioids has been successfully tried prior to permanent implantation. There is no documentation in the medical record of a psychological evaluation being obtained that the injured worker's pain is not primarily psychological in origin, and a benefit would occur with implantation despite any psychiatric co-morbidities, and there is no documentation in the medical record of a temporary trial of the spinal opioids. As such, the criteria for the requested service have not been met per California MTUS Guidelines and the request for an intrathecal pump is non-certified.