

Case Number:	CM13-0040587		
Date Assigned:	01/15/2014	Date of Injury:	10/06/2004
Decision Date:	01/05/2015	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/10/2013

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 Family Medicine and is licensed to practice in California. 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:

This 51 year old male sustained a work related injury on 10/06/2004. The mechanism of injury was not made known. Documentation submitted for review included only one office visit dated 08/22/2013. The injured worker continued to complain of low back pain. According to the provider, the injured worker had done a rather good job of decreasing his pain medication. He was taking Norco 10/325 anywhere between 4 and 12 daily. Pain was centered in the low back and was rated 7-8 on a scale of 1-10. Pain was described as a constant sharp sensation. It did not radiate into the lower limbs. He also had pain around the iliac crests on both side. Activity was noted as quite sedentary. Social interactions were somewhat limited because of the pain. He reported loss of libido and lack of energy. Surgical history included spinal fusion, hernia repair and right hip debridement. Computed tomography imaging dated 01/24/2011 revealed femoral-acetabular impingement with moderate osteoarthritis and extensive tearing of the anterior and superior labrum. The report was not submitted for this review. The injured worker was on disability. Physical examination revealed a pleasant male appearing older than his stated age. He was overweight and used a single point cane. He was awake, alert and oriented to person, place and time. He appeared in good spirits with a pleasant mood and affect. Also noted was a slow cautious antalgic gait pattern. Straight leg raise was negative on the left with some pain on the right. Reflexes were symmetrical in the lower limbs. There was tenderness in the low back and both sides of midlines. Lumbar spine range of motion was severely restricted and painful. Diagnoses included lumbago postlaminectomy syndrome of lumbar region and pain in joint involving pelvic region and thigh. According to the provider, the injured worker had undergone quite extensive lumbar surgery but continued to have low back pain. His function was diminished significantly since his injury and he continued to be limited even after surgery. He tried physical therapy and has been on narcotic medication for years. The plan of care

included Norco 10/325 1 to 2 tablets four times daily #240 and intrathecal morphine catheter trial at the hospital. According to the provider, the intrathecal catheter was a very good option, possibly his best option. The number of physical therapy sessions was not stated and therapy treatment notes were not submitted for review. On 09/27/2013, Utilization Review non-certified intrathecal morphine catheter trial 7 day inpatient that was requested on 09/20/2013. According to the Utilization Review physician, the injured worker appeared to be an appropriate candidate for intrathecal pain pump trial, but that guidelines require that the injured worker undergo a psychological evaluation for clearance for the procedure. Without a psychological evaluation the request could not be approved. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTRATHECAL MORPHINE CATHETER TRIAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines IMPLANTABLE DRUG DELIVERY SYSTEMS (IDDSs),.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 344, 367, 401, 590, 613-614, 731, Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 52-55. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), intrathecal Morphine catheter trial, per ODG website

Decision rationale: Intrathecal Drug Delivery systems are recommended only as an end-stage treatment alternative in selected cases of chronic intractable pain. See the Pain Chapter for Indications for Implantable drug-delivery systems (IDDSs). This treatment should only be used relatively late in the treatment continuum, when there is little hope for effective management of chronic intractable pain from other therapies. For most patients, it should be used as part of a program to facilitate decreased opioid dependence, restoration of function and return to activity, and not just for pain reduction. The specific criteria in these cases include the failure of at least 6 months of other conservative treatment modalities, intractable pain secondary to a disease state with objective documentation of pathology, further surgical intervention is not indicated, psychological evaluation unequivocally states that the pain is not psychological in origin, and a temporary trial has been successful prior to permanent implantation as defined by a 50-70% reduction in pain and medication use. The request is not reasonable as there is no documentation that there has been failure of conservative measures. Therefore the request is not medically necessary.

7 DAY INPATIENT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 32, 78. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), 7 day inpatient, per ODG website

Decision rationale: Recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. For prospective management of cases, median is a better choice than mean (or average) because it represents the mid-point, at which half of the cases are less, and half are more. For retrospective benchmarking of a series of cases, mean may be a better choice because of the effect of outliers on the average length of stay. Length of stay is the number of nights the patient remained in the hospital for that stay, and a patient admitted and discharged on the same day would have a length of stay of zero. The total number of days is typically measured in multiples of a 24-hour day that a patient occupies a hospital bed, so a 23-hour admission would have a length of stay of zero. (HCUP, 2011) Of recent lumbar discectomy cases, 62% underwent an inpatient hospital stay after surgery, whereas 38% had outpatient surgery, and outpatients had lower overall complication rates than those treated as inpatients. The request is not reasonable as there is no documentation that the patient is having an inpatient procedure. Therefore the request is not medically necessary.