

Case Number:	CM13-0017448		
Date Assigned:	06/06/2014	Date of Injury:	03/22/2007
Decision Date:	07/11/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/19/2013

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 Orthopedic Surgery 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:

The injured worker is a 59 year old male who reported an injury to his low back. The initial injury occurred when the injured worker was pulling a 55 gallon drum in 1985. There was an indication of industrial type injury when he was pulling cables down a manhole resulting in low back pain radiating to the left lower extremity. The injured worker had been performing a cabling in a conference room in 2007 resulting in low back and left lower extremity pain. The Psychosocial evaluation on 06/07/13 indicated the injured worker experiencing significant psychological distress as a result of work related injuries. The injured worker had severe symptoms interfering with his ability to function. The injured worker was recommended for psychological interventions. A clinical note dated 08/01/13 indicated the injured worker being recommended for a psychological consult and cognitive behavioral therapy. The injured worker utilized Cymbalta. The injured worker was confirmed as completing a chronic pain management program in the past. The injured worker previously underwent physical therapy and epidural steroid injections. There was also indication the injured worker had returned to work. The injured worker had been moving large computer cabinets requiring repetitive squatting and lifting in 2002 resulting in re-injury in the low back. Previous spinal surgery took place in 04/03. A clinical note dated 08/02/13 indicated the injured worker being recommended for a spinal surgery. The previous request for surgical intervention had been denied. The injured worker was undergoing psychological counseling as a result of his response to denials. The injured worker was undergoing independent home exercise program and pool exercises to address severe levels of low back pain. The injured worker underwent imaging studies including an MRI as recently as 10/02/12 which revealed minimal increased prominence of a L3-4 diffuse disc bulge associated with grade 1 anterolisthesis of L3 on L4. Mild to moderate bilateral neural foraminal and central stenosis was revealed. The injured worker previously underwent L4-5 posterior

fusion which presented as a stable appearance. No stenosis was revealed. X-rays of the lumbar spine on 01/11/13 revealed no evidence of hardware complications. Degenerative changes were identified at multiple levels. The injured worker utilized gabapentin and cyclobenzaprine and Nabumetone for pain relief, and morphine sulfate and hydrocodone. The injured worker previously underwent lumbar fusion at L4 through S1 in 2009. Subsequently, the injured worker underwent left sided L3-4 epidural steroid injection in 02/10 without significant improvements. The injured worker was recommended for functional restoration program. The injured worker previously underwent chronic pain program for eight weeks in 12/2010. A radiofrequency ablation was completed in 04/12 which provided two months relief. However, the injured worker pain returned to baseline levels. The injured worker was recommended for posterior spinal fusion from T10 to L4. The utilization review dated 06/28/13 resulted in denials for lumbar fusion, seated walker, and functional restoration program as insufficient information had been submitted confirming the need for surgical procedures and the use of a functional restoration program prior to lumbar surgery was not fully indicated as a prerequisite.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM, INITIAL TRIAL FOR 10 DAY PARTICIPATION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 49.

Decision rationale: The request for a functional restoration program, initial trial for ten day participation is not medically necessary. The clinical documentation indicates the injured worker complaining of severe levels of low back pain. The clinical notes further indicate the injured worker expressing homicidal ideation. The injured worker previously underwent a course of physical therapy as well as a chronic pain management program. Given the specific statements involving homicidal ideation, the injured worker would not be appropriate for a functional restoration program at this time. Therefore the request is not indicated.

WALKER WITH SEAT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg Chapter, Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: The request for a walker with seat is not medically necessary. The clinical documentation indicates the injured worker utilizing a cane for ambulatory assistance. However,

no information was submitted regarding the inability of the injured worker to continue with the cane or need for additional ambulatory assistance. Without this information in place this request is not indicated as medically necessary.

POSTERIOR SPINAL FUSION T10-L4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines Low Back-Lumbar and Thoracic (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: The request is not medically necessary. The clinical documentation indicates the injured worker undergoing MRI in 2012. However, no updated studies were submitted confirming pathology from T10 to L4. The submitted x-rays revealed no significant instability at T10 to L4. Furthermore, the request involving a six level procedure exceeds recommendations. Without updated studies in place and taking into account the insufficient information regarding instability from T10 to L4, as well as the request exceeding recommendations of the American College of Occupational and Environmental Medicine, this request is not indicated as medically necessary.

ANTEROLATERAL FUSION AT L2-4 WITH DECOMPRESSION AND INSTRUMENTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines Low Back-Lumbar and Thoracic (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: The request is not medically necessary. The clinical documentation indicates the injured worker undergoing MRI in 2012. However, no updated studies were submitted confirming pathology at the L2 to L4 levels. The submitted x-rays revealed no significant instability at L2-3 or L3-4. Without confirmation of significant pathology, this request is not indicated as medically necessary.