

Case Number:	CM13-0027988		
Date Assigned:	11/22/2013	Date of Injury:	05/01/2011
Decision Date:	08/29/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/23/2013

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 Texas. 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 48-year-old female who reported an injury on 05/01/2011. The mechanism of injury was not stated. Current diagnoses include herniated nucleus pulposus of the lumbar spine and lumbar radiculopathy. The injured worker was evaluated on 09/16/2013 with complaints of 6/10 low back pain with left lower extremity symptoms. The current medication regimen includes Norco. The injured worker also reported ongoing upper and lower extremity rash. Physical examination on that date revealed an antalgic gait, tenderness to palpation, decreased lumbar range of motion, diminished strength in the left lower extremity, positive straight leg raising, positive slump test, positive Lasegue's testing and bilateral upper extremity rash. Treatment recommendations at that time included continuation of the current medication regimen, a microlumbar decompression at L4-5 and L5-S1, postoperative chiropractic treatment and a dermatology consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MICROLUMBAR DECOMPRESSION @ LEFT L4-L5 AND L5-S1 OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back Chapter and AMA Guides, 5th Edition, pages 382-383.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

Decision rationale: California MTUS/ACOEM Guidelines state a referral for surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity limitation for more than 1 month, clear clinical imaging & electrophysiologic evidence of a lesion and failure of conservative treatment. There is no mention of an exhaustion of conservative treatment. There were also no imaging studies provided for this review. Therefore, the current request is not medically necessary.

POST OPERATIVE CHIROPRACTIC THERAPY TWO TIMES A WEEK FOR SIX WEEKS FOR THE LUMBAR SPINE:

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

DERMATOLOGY CONSULTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, page 127 and Official Disability Guidelines, Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California ACOEM Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry with treating a particular cause of delayed recovery or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted a dermatology consultation was requested secondary to the injured worker's bilateral upper extremity rash. However, there is no documentation of a condition or diagnosis to support the medically necessary of the requested consultation. As such, the request is not medically necessary.

HYDROCODONE/APAP 10/325MG #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics, ongoing review and documentation of pain relief and functional status, appropriate medication use and side effects if they should occur. The injured worker has been utilizing this medication since 03/2013 without any evidence of objective functional improvement, there is also no frequency listed in the current request. As such, the request is not medically necessary.