MAXIMUS Federal Services

Case Number:	CM13-0030588		
Date Assigned:	11/27/2013	Date of Injury:	02/12/2004
Decision Date:	05/21/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/30/2013

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 Arizona. 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 is a 33-year-old female who sustained an injury to her back on 2/14/04. In the examination of May 30, 2012 the patient was complaining of constant central and left-sided low back pain with weight-bearing activities, low back pain extended to the left buttocks, to the left lateral hip, to the left anterolateral thigh and continued with numbness throughout the entire left lower extremity down to the sole of the foot. There was weakness on dorsiflexion of the left foot, straight leg raise was negative and there was decreased sensation on the left side over the L5 distribution. In the examination of March 5, 2013, the patient was still complaining of low back pain and leg pain, she has lost 80 pounds and the back pain had improved. She continues to have an L5 radiculopathy in the left lower extremity with no motor deficit. Diagnoses include lumbar discogenic disease, severe lumbar stenosis L3-L4 and L4-L5, and bilateral lumbar radiculopathy. MRI of the lumbar spine with flexion-extension was performed on July 30, 2013 and it reveals spinal canal narrowing as well as bilateral lateral recess narrowing at L3-L4 and at L4-L5, L5-S1 has some spinal canal narrowing but the foramen are patent. In the examination of September 17, 2013, the patient continues to have painful range of lumbar motion, and straight leg raise is positive bilaterally at 50Â°. There is 4/5 weakness of the quadriceps muscles bilaterally, and decreased sensation bilaterally over L4-L5. The patient cannot walk more than 20 minutes without pain. However, there is no indication whether the pain is in the legs or the back or both. The provider notes that the patient has had 4 epidural steroid injections and multiple physical therapy sessions without relief and he recommends a lumbar spine fusion at L5 3-L4 and L4-L5. There is no documentation of whether the patient is on a home functional restoration program. The diagnoses continue to be lumbar discogenic disease, severe lumbar stenosis at L3-L4 and L4-L5, and bilateral lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

A LUMBAR FUSION AT L3-4 AND L4-5 (ANTERIOR/POSTERIOR SPINAL FUSION): Upheld

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

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

Decision rationale: This patient has diagnoses of discogenic back pain, severe spinal stenosis, and bilateral radiculopathy. She complains of chronic low back pain with radiation of pain into both legs associated with decreased sensation over the L5 dermatome on the left and according to her most recent examination, weakness in her quadriceps muscles. She cannot walk more than 20 minutes without pain but there is no documentation of whether the pain is in her legs or low back or both. This is an important distinction because according to the MTUS guidelines the surgical treatment for spinal stenosis and/or nerve root decompression is a decompression laminectomy with or without foraminotomy. The treatment for lumbar discogenic low back pain and spinal instability can be a spinal fusion. However, MTUS states that there is no scientific evidence about the long-term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with the natural history, placebo, or conservative treatment. There is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. It is important to note that although it is being undertaken, lumbar fusion in patients with other types of low back pain very seldom cures the patient. A recent study has shown that only 29% assessed themselves as "much better" in the surgical group versus 14% "much better" in the non-fusion group (a 15% greater chance of being "much better") versus a 17% complication rate (including 9% life-threatening or reoperation). Therefore, first there is confusion in the medical record as to what is the rationale for the spinal fusion since the patient carries several diagnoses. Each of these diagnoses has its own specific surgical treatment. Second, according to MTUS, lumbar fusion in patients with other types of low back pain seldom cures the patient. Third, there is no evidence in the medical record that the patient is involved in ongoing program of functional restoration. Accordingly, the medical necessity for lumbar fusion has not been established.

ZANAFLEX 4MG BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The chronic pain guidelines recommend muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond non-steroidal anti-inflammatory drug (NSAIDs) in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) This patient has chronic low back pain associated with leg pain and she has been on Zanaflex for at least 2 years. There is no documentation whether Zanaflex has any positive effect on her pain or function. Therefore, according to the documentation and the length of time the patient has been on the drug, the medical necessity for continuing to use Zanaflex has not been established.

BUTRANS 5MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

Decision rationale: According to the chronic pain guidelines, Butrans is used to treat opiate addiction. It is also recommended as an option for chronic pain especially after detoxification in patients who have a history of opiate addiction. There is no indication in the medical record that this patient has an opiate addiction. There is a urine screen dated 3/15/2013 which does not detect the opiate that the patient was prescribed. This may be related to intermittent use of the medication, diversion of the prescription, non-adherence to therapy or the ineffectiveness of therapy. According to the MTUS guidelines, this is an indication that the opiate may need to be discontinued. There is no documentation of a change in treatment plan following this drug screen. Therefore, the medical necessity for using Butrans has not been established.

A TENS/EMS UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114.

Decision rationale: Although electrotherapeutic modalities are frequently used in the management of chronic low back pain, few studies were found to support their use. Most studies on transcutaneous electric nerve stimulation (TENS) can be considered of relatively poor methodological quality. TENS does not appear to have an impact on perceived disability or long-term pain. It is also not known if adding TENS to an evidence-based intervention, such as exercise, improves the outcomes, but studies assessing the interactions between exercise and TENS found no cumulative impact. However, a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-

based functional restoration, for neuropathic pain, and spasticity. There is no documentation in the record that the patient is involved in a program of evidence-based functional restoration. Therefore, the medical necessity of using a TENS unit has not been established.