

Case Number:	CM13-0040644		
Date Assigned:	12/20/2013	Date of Injury:	07/10/2003
Decision Date:	02/18/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/10/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 claimant is a 58-year-old female who injured her lumbar spine in a work related injury 07/10/03. The medical records for review included a 10/04/13 assessment that documented continued low back complaints when she was seen by [REDACTED]. Subjectively, there was continued pain with numbness to the lower extremities. The claimant stated that she was utilizing medication, but that it was not helping too much. Objectively, there was tenderness to palpation, tightness to the paravertebral lumbar musculature and reduced range of motion. The claimant's diagnosis was "status post L5-S1 posterior lumbar fusion with residual pain." At that time, [REDACTED] was to rule out hardware as a pain generator. He recommended hardware removal at the L5-S1 level as well as the need for a preoperative psychological clearance, two day inpatient stay, postoperative registered nurse assessment, postoperative use of Zofran and continued medication in the form of Flexeril, Lyrica, Tramadol. The claimant apparently was approved for the surgical process and it ultimately occurred on 11/15/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological clearance for a hardware removal procedure: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Hardware Implant Removal Chapter 7, Independent Medical Examinations and Consultations, page 127, as well as the Official Disability Guidelines (ODG), Low Back Chapter, Hardware Implant Removal.

Decision rationale: Based on California ACOEM Guidelines and the Official Disability Guidelines, psychological clearance prior to hardware removal procedure would not have been necessary. CA ACOEM Guideline supports that the physician may refer to other specialists if a diagnosis is uncertain or extremely complex when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. These records do not document the presence of psychological factors complicating the claimant's care and treatment. The ODG Guidelines do indicate the need for psychological assessment prior to fusion process, but there is currently no clinical recommendation for a psychological clearance that would have been needed before a hardware removal process. The specific request for psychological clearance for the hardware removal procedure cannot be supported as medically necessary

two day inpatient hospital stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine, found online at <http://www.ncbi.nlm.nih.gov/pubmed/15597482>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milliman Care Guidelines, 17th Edition: Length of Stay.

Decision rationale: MTUS Guidelines as well as Official Disability Guidelines criteria are silent. When looking at Milliman Care Guidelines, the length of stay following removal of a deep implant would support an outpatient procedure. While the invasiveness of a lumbar procedure could warrant an overnight hospital observation, a two day inpatient stay for the procedure in question would not have been indicated.

Postoperative home nurse evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Care Page(s): 51.

Decision rationale: Based on MTUS Chronic Pain 2009 Guidelines, home health services in the form of nursing in this case would not have been indicated. Timeframe for the home assessment was not indicated nor do the medical records document that the claimant was homebound. Based on the nature of the procedure in question, a specific request would not be supported.

Postoperative Zofran: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, Anti-emetics

Decision rationale: Based on Official Disability Guidelines criteria, as California ACOEM Guidelines are silent, the role of an antiemetic in the postoperative setting would clearly be reasonable. Antiemetics per Official Disability Guidelines are indicated in the acute phase of nausea, which could include post anesthesia care. The role of Zofran would appear to be medically necessary.

Flexeril 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 42.

Decision rationale: Based on California MTUS Chronic Pain 2009 Medical Treatment Guidelines, the continued role of muscle relaxants would not be indicated. While the claimant continued with chronic complaints of pain to the low back, muscle relaxants are not recommended in the chronic setting and are only recommended with caution as a second line option of acute exacerbations in patients with chronic low back complaints. Records for review do not indicate an acute exacerbation of painful complaints or continued use of this medication in the chronic setting.

Lyrica 75mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs Page(s): 19.

Decision rationale: Based on California MTUS Chronic Pain 2009 Medical Treatment Guidelines, continued use of Lyrica is not supported. Lyrica is FDA approved for diabetic neuropathy, postherpetic neuralgia with newer indications being indicated for generalized anxiety, social anxiety as well as fibromyalgia. Based upon the records for review, the claimant does not have any of these working diagnoses that would support the role of Lyrica. There is no current indication of neuropathic component to the claimant's ongoing complaints. A specific request of this agent would not be supported.

Tramadol ER 100mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

Decision rationale: Based on MTUS Chronic Pain 2009 Guidelines, the continued use of Tramadol would not be indicated. For neuropathic pain, it is not recommended as first line therapy and in the chronic low back pain setting, it does not appear to be effective in the long term form with efficacy beyond 16 weeks unclear. The continued role of this agent based on claimant's usage of the agent and current working diagnosis would not be supported