

Case Number:	CM13-0046225		
Date Assigned:	12/27/2013	Date of Injury:	01/12/2010
Decision Date:	05/22/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	11/12/2013

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 claimant is a 54 year old male injured on January 12, 2010. The medical records provided for review include a progress report of November 26, 2013 documenting ongoing complaints of neck and low back pain despite conservative care. A physical examination showed quadricep weakness of 4/5, intact sensation and positive right side straight leg raising. The claimant was diagnosed with lumbar degenerative disc disease with radiculopathy. The recommendaiton was for a two level L4 through S1 fusion. It was documented that the claimant would need medical clearance as he had recently had a stroke. Medications were recommended to include Norco, Ativan, Gabapentin. Clinical imaging reports for review include a July 15, 2013 MRI lumbar spine showing at L4-5 diffuse herniation with stenosis and at the L5-S1 level diffuse disc herniation resulting in stenosis and foraminal narrowing. No additional documentation of imaging was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-S1 FUSION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 305-306.

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

Decision rationale: According to the ACOEM Guidelines regarding Spinal Fusion, "Except for cases of trauma-related spinal fracture or dislocation, fusion of the spine is not usually considered during the first three months of symptoms. Patients with increased spinal instability (not work-related) after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. There is no scientific evidence about the long-term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with 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." While the claimant is documented to have continued subjective complaints and objective findings on examination, there is no documentation of imaging reports of segmental instability at the L4-5 or L5-S1 level to require surgical fusion. The absence of documentation of segmental instability would fail to support the operative procedure as requested.

LOS, PRE-OP SURGICAL CLEARANCE: Upheld

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

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.

ATIVAN 1 MG ONE PO BID #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines do not recommend the chronic use of Benzodiazepines. Therefore, the request for Ativan is not recommended as medically necessary. The Chronic Pain Guidelines only recommend the use of Benzodiazepines for short term symptomatic use for up to four weeks due to the potential for dependence and the lack of proven efficacy for long term use.

NORCO 10-325MG TWO PO TID #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-80.

Decision rationale: The MTUS Chronic Pain Guidelines do not support the long term use of Norco. The clinical records indicate the previous Utilization Review recommended a weaning program stating that the continued use of narcotics was not medically necessary. The appropriate weaning doses have been prescribed. There is no documentation that this claimant either benefits or increases the level of function with this medication. Therefore, the ongoing use of this agent based on the MTUS Chronic Pain Guidelines and a lack of documentation of significant benefit or improvement in clinical function would not be indicated at the present time. The request is not medically necessary and appropriate.