

Case Number:	CM13-0054588		
Date Assigned:	12/30/2013	Date of Injury:	04/15/2008
Decision Date:	03/26/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/19/2013

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, has a subspecialty in Fellowship trained in Spine Surgery and is licensed to practice in Texas, Montana and Tennessee. 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 patient is a 52-year-old male who reported an injury on 04/15/2008. The mechanism of injury was not specifically stated. The patient is currently diagnosed with lumbar spine degenerative disc disease with spondylolisthesis, right knee internal derangement, right shoulder impingement syndrome, right shoulder rotator cuff tendinosis, and cervical spine degenerative disc disease with facet arthropathy. The patient was recently seen by [REDACTED] on 09/25/2013. The patient reported neck pain, back pain, and right shoulder pain. Physical examination revealed spasm, pain, and decreased range of motion in the cervical spine, facet tenderness, positive impingement sign in the right shoulder with painful range of motion, spasm with painful and limited range of motion of the lumbar spine, positive Lasegue's and straight leg raising, and tenderness to palpation of the right knee. Treatment recommendations included an additional request for a lumbar fusion at L4 through S1, refill of Norco medication, referral to pain management, and continuation of TENS/EMS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Fusion A/PSF L4-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Decompression, Fusion (spinal)

Decision rationale: California MTUS/ACOEM Practice Guidelines state surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity limitation for more than 1 month, extreme progression of lower extremity symptoms, clear clinical, imaging, and electrophysiological evidence of a lesion, and a failure of conservative treatment. Patients with increased spinal instability after surgical decompression may be candidates for a fusion. As per the documentation submitted, there is no evidence of an exhaustion of conservative treatment. There is also no evidence of documented instability on flexion and extension view radiographs. There has not been any psychological evaluation prior to the requested surgical intervention. Based on the clinical information received, the request is non-certified.

Pain Management for chronic pain: Upheld

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

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state 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, there is no evidence of an exhaustion of conservative treatment prior to the request for a specialty referral. The medical necessity has not been established. Therefore, the request is non-certified.

Norco: Upheld

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

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

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. Despite ongoing use of this medication, the patient continues to report high levels of pain. There is no documentation of objective functional improvement upon physical examination. Based on the clinical information received, the request is non-certified.