

Case Number:	CM13-0056388		
Date Assigned:	12/30/2013	Date of Injury:	04/26/2005
Decision Date:	04/10/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/22/2013

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 50 year old female who sustained an injury to the low back on April 26, 2005. The clinical records provided for review included a follow-up report by [REDACTED] on October 18, 2013 noting no significant change in the claimant's chronic complaints of low back pain and numbness to the right lower extremity. [REDACTED] documented physical examination findings of restricted range of motion, diminished sensation to the bilateral thighs and feet with no documentation of motor weakness or reflexive changes. [REDACTED] reviewed a previous MRI report of March 4, 2013 and noted that it showed disc bulging at L4-5 with facet hypertrophy and central stenosis as well as a disc bulge at L5-S1 with mild right neural foraminal narrowing and central stenosis. The claimant was noted to have failed conservative care. There is a current request for a surgery to include a lumbar fusion. The specific documented levels for the surgical process were not noted. There is also a current request for medications and the continued use of Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR SPINE FUSION SURGERY TO BE PERFORMED BY ORTHOPEDIC SURGEON: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: While the claimant is noted to have continued complaints of back pain, the physical examination findings and imaging reports provided for review do not support the need for a surgical process. There is no documentation of the intended surgical fusion levels. More specifically, review of the claimant's imaging fails to demonstrate segmental instability at any lumbar level to support the need of a lumbar fusion procedure. The specific request at this stage in the claimant's clinical course of care would not be indicated. The request is not medically necessary and appropriate.

FEXMID CYCLOBENZAPRINE HCL 7.5MG #60: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines do not support the use of muscle relaxants in the chronic setting. Muscle relaxants are reserved for acute symptomatic flares. The documentation provided for review does not indicate this claimant had a flare of her symptoms. The clinical records would not support their use in the chronic setting given literature that does not support their efficacy for continued use. The request is not medically necessary and appropriate.