

Case Number:	CM13-0063013		
Date Assigned:	12/30/2013	Date of Injury:	07/16/2012
Decision Date:	05/12/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	12/09/2013

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 injured worker is a 32-year-old male who reported an injury on 07/16/2012 after he was moving boxes and reportedly sustained an injury to his low back. The injured worker's treatment history included chiropractic care, acupuncture, physical therapy, medications, and epidural steroid injections. The injured worker was evaluated on 07/24/2013. Physical findings included increased low back pain radiating into the left lower extremity. It was noted that the injured worker had 4/5 motor strength weakness in the left anterior tibialis, peroneals, and gastrocnemius. It was documented that the injured worker had exhausted all nonoperative treatments and fusion at L5-S1 was recommended. The injured worker underwent MRI in 08/2013. It was documented that there was a disc protrusion at L5-S1 contacting the S1 nerve root without effacement, deviation, or impingement with only minimal foraminal stenosis. The injured worker was again evaluated on 12/11/2013. It was documented the injured worker continued to have weakness of the left lower extremity that caused difficulty with participation in activities of daily living. The injured worker's diagnoses included degenerative pain at the L5-S1 disc disease and weakness of the left lower extremity on exam. The injured worker's treatment plan included L5-S1 fusion. A request was also made for fentanyl patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

**TRANSFORAMINAL LUMBAR INTERBODY ARTHRODESIS AT L5-S1,
BILATERAL PEDICLE SCREW/ROD FIXATION AND POSTEROLATERAL**

ARTHRODESIS WITH LOCAL BONE GRAFT AT L5-S1 AND WELL AS USE OF INFUSE TO PROMOTE FUSION AT THIS LEVEL: 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): 310.

Decision rationale: The Expert Reviewer's decision rationale: The requested transforaminal lumbar interbody arthrodesis at L5-S1 with bilateral pedicle screw/rod fixation and posterolateral arthrodesis with local bone graft at L5-S1, as well as use of Infuse to promote fusion at this level is not medically necessary or appropriate. American College of Occupational and Environmental Medicine recommends fusion surgery for the lumbar spine when there is evidence of trauma to the vertebral bodies or evidence of instability. The clinical documentation submitted for review does indicate that the injured worker has neurological deficits in the left lower extremity that have been recalcitrant to conservative treatments. However, there is no documentation of instability in the lumbar spine that would support the need for a fusion surgery. The clinical documentation submitted for review does not provide any evidence the injured worker has not responded to less invasive types of lumbar surgeries. There is also no documentation that the injured worker has undergone a psychological evaluation that determines the injured worker is an appropriate candidate for fusion surgery. As such, the requested transforaminal lumbar interbody arthrodesis at L5-S1, bilateral pedicle screw/rod fixation, and posterolateral arthrodesis with local bone graft at L5-S1, as well as use of Infuse to promote fusion at this level is not medically necessary or appropriate.

FENTANYL PATCH 50MCG EVERY 72 HOURS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating Treatment Page(s): 77.

Decision rationale: The Expert Reviewer's decision rationale: The requested fentanyl patch 50 mcg every 72 hours is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the use of opioids as a second-line treatment to chronic pain. The clinical documentation submitted for review does indicate that the injured worker's pain was poorly controlled with multiple medications to include opioids. Therefore, the addition of a fentanyl patch would be appropriate for this injured worker. However, the request as it is submitted does not provide a quantity. Therefore, the duration of treatment cannot be determined. California Medical Treatment Utilization Schedule recommends ongoing assessments of effectiveness to support medication usage. There is no way to determine an appropriate length of treatment as submitted by the request. It cannot be considered medically necessary or appropriate. As such, the requested fentanyl patch 50 mcg every 72 hours is not medically necessary or appropriate.

