

Case Number:	CM13-0071153		
Date Assigned:	01/08/2014	Date of Injury:	05/31/2004
Decision Date:	05/07/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/26/2013

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 Pennsylvania. 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:

This is a 45-year-old injured on 5/31/04 sustaining injury to the low back. The clinical records for review indicate continued low back and radicular symptoms, left greater than right at the last clinical assessment of 10/14/13. There were noted to be progressive symptoms despite conservative care that included injection therapy. It states that a previous MRI scan was reviewed that showed evidence of an L5-S1 disc herniation. No previous plain film radiographs were available for review. There was noted to be a 6/7/12 electrodiagnostic study as being normal. Physical examination findings showed positive straight leg raise with no sensory or motor deficit indicated. The claimant is status post a prior 2004 L4-5 lumbar fusion procedure. The current plan is for an L5-S1 lumbar fusion procedure given the ongoing nature of the claimant's clinical complaints and concerns.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior lumbar interbody fusion at L5-S1 level, in patient within the medical provider network: Upheld

Claims Administrator 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).

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

Decision rationale: The Expert Reviewer's decision rationale: Based on California ACOEM Guidelines, L5-S1 fusion would not be indicated. While the clinical records indicate continued complaints of pain, there is no clinical correlation between objective findings that are non-supportive of an L5-S1 level process and imaging including electrodiagnostic studies that currently fail to demonstrate an acute radicular neurocompressive process at the L5-S1 level. The specific request for the surgical process in question would, thus, not be indicated.

Internal medicine evaluation for surgical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 Independent Medical Examinations and Consultations, pg. 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 Independent Medical Examinations and Consultations, pg. 127.

Decision rationale: The request for surgery is not medically necessary. Therefore, the request for Internal Medicine clearance before surgery would not be necessary.

Psychiatric clearance for procedure: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 Independent Medical Examinations and Consultations, pg. 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 Independent Medical Examinations and Consultations, pg. 127.

Decision rationale: The proposed surgery is not warranted. Therefore, the role of a psychiatric clearance would not be necessary.

Prescription of Ultram 150mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.
Page(s): 91-94.

Decision rationale: California MTUS Chronic Pain Guidelines would not support the role of Ultram. Ultram is indicated for short term use from a non-narcotic analgesic point of view. At present, guidelines do not support its role beyond the sixteen weeks of use. Clinical injury in this case is nearly a decade old. The continued role of this short-acting non-narcotic analgesic would, thus, not be indicated.