

Case Number:	CM14-0017809		
Date Assigned:	06/11/2014	Date of Injury:	08/13/2012
Decision Date:	08/11/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/12/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 41-year-old female who had a work related injury on 08/13/12 while doing her usual duties as a patient care technician while helping a nurse clean a patient, which required repositioning the patient. While performing that task with a coworker, she experienced a sudden onset of severe low back pain and was unable to continue working. The injured worker was initially evaluated in the emergency room at her place of work and diagnosed with a lumbar strain. The injured worker has had extensive physical therapy, chiropractic treatment, ibuprofen, tramadol, Depomedrol and Toradol injections. The injured worker saw a pain management specialist had sacroiliac joint injections and S1 nerve block. Electrodiagnostic studies in 12/11/12 showed subtle electrodiagnostic abnormalities that would be consistent with S1-2 radicular injury. Magnetic resonance image (MRI) on 10/02/12 of lumbar spine revealed focal central disc protrusion superimposed on disc bulge at L2-3, 4mm annular tear was evident. Mild disc bulge at L5-S1. Repeat MRI 02/22/13 showed disc desiccation at L2-3 and L5-S1. L5-S1 disc bulge measuring 2.3mm posteriorly pre-axial loading and 2.3mm post-axial loading, which caused bilateral neural foraminal narrowing associated spinal canal narrowing. Physical examination on 09/20/13 tenderness to palpation over paraspinal musculature, normal lordosis, flexion 60 degrees, extension 25 degrees and right and left bending 25 degrees. No tenderness to palpation over spinous processes. Strength in lower extremities rated 5/5. Sensation diminished over left S1 dermatome. Reflexes were 2+ in the patella and Achilles. Negative clonus and straight leg raise bilaterally. There was no clinical documentation of medication that the patient was taking, visual analog scale scores with and without medication and no clinical documentation of functional improvement. Other than the office note dated 09/20/13 office notes from 09/13/13, 10/22/13, 11/27/13, 01/14/14, 01/20/14, 02/19/14, physical examination consisted of lumbosacral tenderness to palpation at L4 S1, positive straight leg raise on the left

lower extremity, positive myospasms and decrease flexion. There were no x-rays with flexion/extension views to review. Current request is for drug screening, familial chronic mucocutaneous candidiasis (FCMC)/ Keto creams and lumbar spine surgery, which according to the note of 09/20/13 is a decompression L5-S1 and possible fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

DRUG SCREENING.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine Drug Testing (UDT).

Decision rationale: The request for drug screening is not medically necessary. The clinical documentation does not support the request. There is no documentation of medication that the injured worker is taking. As such, medical necessity has not been established.

FCMC/KETO CREAMS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Compound Drug(s).

Decision rationale: The request for familial chronic mucocutaneous candidiasis (FCMC) / Keto cream is not medically necessary. California Medical Treatment Utilization Schedule, the Official Disability Guidelines and United States Food and Drug Administration do not recommend the use of compounded medications as these medications are noted to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. Therefore, medical necessity has not been established.

LUMBAR SPINE SURGERY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307; Table 12-8.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306, 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Decompression Fusion (spinal).

Decision rationale: The request for lumbar decompression L5-S1 and possible fusion is not medically necessary. The clinical documentation submitted for review does not support the request for surgery. The physical exam was normal with the exception of decreased sensation over the S1 dermatome, and positive straight leg raise on the left. There are no flexion/extension views of lumbar spine; the most current magnetic resonance image is over a year old. Therefore, medical necessity has not been established.