MAXIMUS Federal Services

Case Number:	CM14-0120315		
Date Assigned:	08/06/2014	Date of Injury:	06/05/2005
Decision Date:	09/17/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/30/2014

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 Orthopedic Spine Surgery 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 59-year-old male who reported an injury on 06/05/2005 after moving boxes. The injured worker reportedly sustained an injury to his low back and suffered emotional distress. The injured worker's treatment history included lumbar laminectomy and discectomy at the bilateral L4-5 and multiple medications. The injured worker was evaluated on 04/17/2014. It was noted that the injured worker had low back pain complaints that radiated into the right lower extremity. Physical findings included moderate paraspinal musculature spasming with tenderness to palpation noted across the lumbar spine with extensor weakness rated at a 3/5 to 4/5. It was noted that the injured worker was unable to heel toe walk. The injured worker's diagnoses included status post laminectomy, lumbar discogenic disease at the L4-5 and L5-S1, recurrent disc herniation at the L4-5 and L5-S1, major depressive disorder, and erectile dysfunction secondary to chronic pain. The injured worker's treatment plan included continuation of medications noted to be Norco, Prilosec, and Xanax. The injured worker's treatment plan included anterior and posterior spinal fusion of the L4-S1. A Request for Authorization Form was not submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1mg QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The requested Xanax 1mg QTY: 60 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not support the long term use of benzodiazepines. The California Medical Treatment Utilization Schedule recommends the use of benzodiazepines be limited to up to 4 weeks due to a high risk of psychological and physiological dependence. The clinical documentation submitted for review indicates the injured worker has been on this medication for an extended duration. Therefore, continued use would not be supported. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Xanax 1mg QTY: 60 is not medically necessary or appropriate.

Anterior spinal fusion L4-L5 QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 12th Edition, Web, Low Back, 2014.

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

Decision rationale: The requested anterior spinal fusion L4-L5 QTY: 1 is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends fusion surgery be supported by documented functional limitations correlative of pathology identified on an imaging study that has failed to respond to conservative treatment. It is also recommended that spinal fusion be reserved for cases of spinal instability or trauma. It is also recommended that surgical intervention to the spine be supported by a psychological evaluation. The clinical documentation submitted for review does not provide any evidence of a psychological evaluation or spinal instability. The clinical documentation did not include an imaging study to support the request. As such, the requested Anterior spinal fusion L4-L5 QTY: 1 is not medically necessary or appropriate.

Anterior spinal fusion L5-S1 QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 12th Edition, Web, Low Back, 2014.

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

Decision rationale: The requested anterior spinal fusion L5-S1 QTY: 1 is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine

recommends fusion surgery be supported by documented functional limitations correlative of pathology identified on an imaging study that has failed to respond to conservative treatment. It is also recommended that spinal fusion be reserved for cases of spinal instability or trauma. It is also recommended that surgical intervention to the spine be supported by a psychological evaluation. The clinical documentation submitted for review does not provide any evidence of a psychological evaluation or spinal instability. The clinical documentation did not include an imaging study to support the request. As such, the requested anterior spinal fusion L5-S1 QTY: 1 is not medically necessary or appropriate.

Posterior spinal fusion L4-L5 QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 12th Edition, Web, Low Back, 2014.

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

Decision rationale: The requested Posterior spinal fusion L4-L5 QTY: 1 is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends fusion surgery be supported by documented functional limitations correlative of pathology identified on an imaging study that has failed to respond to conservative treatment. It is also recommended that spinal fusion be reserved for cases of spinal instability or trauma. It is also recommended that surgical intervention to the spine be supported by a psychological evaluation. The clinical documentation submitted for review does not provide any evidence of a psychological evaluation or spinal instability. The clinical documentation did not include an imaging study to support the request. As such, the requested Posterior spinal fusion L4-L5 QTY: 1 is not medically necessary or appropriate.

Posterior spinal fusion L5-S1 QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 12th Edition, Web, Low Back, 2014.

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

Decision rationale: The requested Posterior spinal fusion L5-S1 QTY: 1 is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends fusion surgery is supported by documented functional limitations correlative of pathology identified on an imaging study that has failed to respond to conservative treatment. It is also recommended that spinal fusion be reserved for cases of spinal instability or trauma. It is also recommended that surgical intervention to the spine be supported by a psychological evaluation. The clinical documentation submitted for review does not provide any evidence of a psychological evaluation or spinal instability. The clinical documentation did not include an

imaging study to support the request. As such, the requested Posterior spinal fusion L5-S1 QTY: 1 is not medically necessary or appropriate.