

Case Number:	CM14-0139063		
Date Assigned:	09/05/2014	Date of Injury:	05/16/2014
Decision Date:	10/22/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	08/27/2014

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 05/16/2014. The mechanism of injury was not provided. The injured worker's diagnosis included chronic lumbosacral strain. The injured worker's past treatments included medications and physical therapy. The injured worker's diagnostic testing included an official MRI on 07/07/2014 to the lumbar spine which revealed early multilevel nucleus dissection, with mid and lower lumbar annular disc bulging and fossa osteoarthritis. An official x-ray on 08/06/2014 of the lumbosacral spine indicated scoliosis and spondylosis as described. The medical records did not indicate a surgical history for the injured worker. On the clinical note dated 08/25/2014, the injured worker complained of left leg pain rated 10/10. The injured worker had lumbar spine range of motion noted as flexion at 0 degrees, extension at 0 degrees, left lateral bending at 15 degrees, and right lateral bending at 15 degrees. The injured worker had a positive straight leg raise test. The injured worker's medications included hydrochlorothiazide 25 mg a day, ibuprofen 800 mg 3 times a day, gabapentin 300 mg 3 times a day, Percocet 5/325 mg 3 times a day, Flexeril 5 mg twice a day, naproxen 500 mg twice a day, and lisinopril 20 mg daily. The request was for Vimovo 500 mg #60, assistant surgeon, postoperative lumbar brace purchase, and preoperative labs (CBC, CMP, PT, PTT, INR, and UA). The rationale for the request was not submitted for review. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vimovo 500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 67-68..

Decision rationale: The request for Vimovo 500 mg #60 is not medically necessary. The injured worker was diagnosed with lumbar strain with left radiculitis. The injured worker complained of left leg pain rated 10/10. The California MTUS Guidelines recommend nonsteroidal anti-inflammatory drugs at the lowest dose for the shortest period in patients with moderate to severe pain. The guidelines state anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long term use may not be warranted. NSAIDs are recommended as an option for short term symptomatic relief of chronic low back pain. The injured worker's medical records lacked documentation of the efficacy of the medication, the timeframe of efficacy, the efficacy of functional status that the medication provided, and the pain rating pre and post medication. Additionally, the request does not indicate the frequency of the medication. As such, the request for Vimovo 500 mg #60 is not medically necessary.

Assistant surgeon: 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),

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), LOW BACK, Surgical assistant.

Decision rationale: The request for an assistant surgeon is not medically necessary. The injured worker was diagnosed with lumbar strain with left radiculitis. The injured worker complained of left leg pain rated 10/10. The Official Disability Guidelines recommend surgical assistants as an option in more complex surgeries. The guidelines state an assistant surgeon actively assists the physician performing a surgical procedure. Reimbursement for assistant surgeon services, when reported by the same individual physician or other healthcare professional, is based on whether the assistant surgeon is a physician or another healthcare professional acting a surgical assistant. Only 1 assistant for each procedure is a reimbursable service, without exceptions for teaching hospitals or hospital bylaws. The request does not indicate the surgical procedure CPT code to check for eligibility of a surgical assistant. The medical records indicate that the surgery is an elective surgery, which would be in the form of a left L5-S1 microdiscectomy. There was a lack of documentation to indicate if a surgical assistant is warranted. . As such the request is not medically necessary.

Post-Operative Lumbar Brace Purchase: 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), Treatment Index, 12th Edition (web), 2014, Low Back, Back Brace, Post operative (fusion); Lumbar supports.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), LOW BACK, Lumbar supports.

Decision rationale: The request for a postoperative lumbar brace purchase is not medically necessary. The injured worker was diagnosed with lumbar strain with left radiculitis. The injured worker complained of left leg pain rated at 10/10. The injured worker has elected to have a left L5-S1 microdiscectomy performed. The Official Disability Guidelines do not recommend lumbar supports for prevention. They are recommended as an option for treatment. The request does not indicate whether it is for prevention or for treatment for the purchase of the lumbar brace. The guidelines state there is a lack of evidence supporting the use of back braces postoperative fusion. The guidelines state there is no scientific information on the benefit of bracing of improving fusion rates or clinical outcomes following instrumented lumbar fusion for degenerative disease. The guidelines state mobilization after instrumented fusion is logically better for health of adjacent segments and routine use of back braces is harmful to this principle. . As such the request is not medically necessary.

Pre-operative Labs: CBC, CMP, PT, PTT, INR, UA: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), LOW BACK, Preoperative lab testing.

Decision rationale: The request for preoperative labs (CBC, CMP, PT, PTT, INR, and UA) is not medically necessary. The injured worker was diagnosed with lumbar strain with left radiculitis. The injured worker complained of left leg pain rated 10/10. The Official Disability Guidelines recommend preoperative laboratory testing. The guidelines state testing should generally be done to confirm a clinical impression, and tests should affect the course of treatment. Preoperative urinalysis is recommended for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material. Electrolyte and creatinine testing should be performed in patients with underlying chronic diseases and those taking medications that predispose them to electrolyte abnormalities or renal failure. Random glucose testing should be performed in patients at high risk of undiagnosed diabetes mellitus. In patients with diagnosed diabetes, A1C testing is recommended only if the result would change perioperative management. A complete blood count is indicated for patients with disease that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated. Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants. There was a

lack of documentation indicating the injured worker has diseases that increase the risk of anemia, or documentation of medications that cause perioperative blood loss. The injured worker is not undergoing a urologic procedure. The injured worker does not have documentation of comorbidities to include diabetes mellitus. The documentation does not indicate the injured worker is prescribed any anticoagulants. As such, the request for preoperative labs (CBC, CMP, PT, PTT, INR, and UA) is not medically necessary.