

Case Number:	CM14-0139853		
Date Assigned:	09/08/2014	Date of Injury:	04/20/2012
Decision Date:	10/10/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	10/08/2014

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 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 39 year old male who reported injury on 04/20/2012. The mechanism of injury was not provided. The injured worker underwent an x-ray of the lumbar spine on 06/14/2012, which revealed mild scoliosis and no fracture. The injured worker underwent an MRI of the lumbosacral spine on 07/27/2012, which revealed multilevel degenerative disc disease. The L5-S1 disc space demonstrated a partially conjoined left L5 and left S1 nerve root. There was associated narrowing identified of the right articular recess with mild to moderate narrowing of the neural foramina bilaterally. The injured worker's medications included Ultracet 37.5/325 mg, Relafen 750 mg, Lexapro 10 mg, Flexeril 10 mg, and Neurontin 600 mg. The injured worker was noted to have nerve conduction studies of the bilateral lower extremities on 11/05/2013, which revealed pathology at the distribution of the L4 and S1 correlating to the pathology on MRI. The documentation of 12/18/2013 revealed the injured worker had severe low back pain and bilateral leg pain. The injured worker was noted to have physical therapy and epidural injections that had helped slightly. The physical examination revealed plantar flexors and dorsiflexors were quite weak on the right leg as a 4/5 compared to the left side, which was also weak but stronger than the right, rated a 4+/5. The straight leg raise was positive at 30 degrees bilaterally. The injured worker had bilateral leg pain with the examination. The treatment plan included an anterior and posterior L5-S1 fusion. The documentation indicated the injured worker had pain for a year and a half and had not responded to nonoperative care. As such, the request was made for an anterior posterior L5-S1 fusion, bone stimulator, and a low back brace. The electrodiagnostic study, dated 11/05/2013, revealed the injured worker had a hyperactive left L4 saphenous nerve and S2 femoral cutaneous nerve.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior and posterior L5-S1 fusion and decompression, no inpatient LOS identified:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12 edition (web), 2014, Low Back Chapter, Fusion

MAXIMUS 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) Low Back Chapter, Hospital Length of Stay (LOS)

Decision rationale: The American College of Occupational and Environmental Medicine indicate a surgical consultation may be appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies preferably with accompanying objective signs of neural compromise. There should be documentation of activity limitations due to radiating leg pain for more than 1 month or the extreme progression of lower leg symptoms, and clear clinical, imaging and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair and documentation of a failure of conservative treatment to resolve disabling radicular symptoms. Additionally, there is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. Clinicians should consider referral for psychological screening to improve surgical outcomes. The clinical documentation submitted for review indicated the injured worker had symptoms and objective findings to support the necessity for surgical intervention. The injured worker had nerve conduction studies supporting pathology at L4 and S1. The injured worker had MRI findings to support surgical intervention. However, there was a lack of documentation indicating that the injured worker had instability as per flexion and extension studies. The American College of Occupational and Environmental Medicine and MTUS Guidelines do not address hospital length of stay. As such, secondary guidelines were sought. The Official Disability Guidelines indicates that a hospital length of stay for a discectomy and fusion is 3 days. As the surgical intervention was not supported, the request for inpatient length of stay is not supported. Additionally, the request as submitted failed to indicate the length of stay being requested. Given the above, the request for Anterior and posterior L5-S1 fusion and decompression, no inpatient LOS identified is not medically necessary.

Zanaflex 4mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain. Their use is recommended for less than 3 weeks. The duration of use could not be established through supplied documentation. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for Zanaflex 4mg #60 is not medically necessary.