

<b>Case Number:</b>	CM14-0170408		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	11/05/2009
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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 Surgeon 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 42-year-old male who reported an injury on 11/05/2009. The mechanism of injury was not specifically stated. The current diagnoses include grade 1 spondylolisthesis at L5-S1, bilateral pars defect at L5, and medication induced gastritis. The injured worker was evaluated on 08/25/2014 with complaints of lower back pain and bilateral lower extremity symptoms. Previous conservative treatment is noted to include medications, acupuncture, physical therapy, and trigger point injections. The physical examination revealed no acute distress, a slow and antalgic gait, tenderness to palpation of the lumbar paraspinals, spasm, limited range of motion, decreased sensation over the L4-S1 dermatomes, weakness, positive straight leg raising, and positive slump test. Treatment recommendations at that time included continuation of the current medication regimen of Norco 10/325 mg and Omeprazole 20 mg. A direct pars repair at the bilateral L5 level was also requested at that time. A Request for Authorization form was then submitted on 08/25/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Direct pars repair bilateral L5:** 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), Low Back Procedure Summary Update 08/22/2014 Lumbar Fusion

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Wheelless' Textbook of Orthopaedics, www.wheelsonline.com. Last updated: April 2012.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have severe and disabling lower extremity symptoms, activity limitation for more than 1 month, clear clinical, imaging and electrophysiology evidence of a lesion, and failure of conservative treatment. According to Wheelless' Textbook of Orthopaedics, if there is an L5 pars defect, an L5-S1 arthrodesis should be done. As per the documentation submitted, there was no mention of an attempt at conservative treatment in the form of bracing. There was no imaging studies provided for this review. A direct pars repair at the L5 level is not currently recommended. The medical necessity has not been established. Therefore, the request is not medically necessary.

**Hydrocodone/APAP 10/325 mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed to respond to non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized this medication for an unknown duration. There is no documentation of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically appropriate.

**Associated surgical service: post op chiro/physiotherapy 2 x 6:** 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 The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 12 Low Back Complaints, pages 305-306 and on the Non-MTUS Wheelless' Textbook of Orthopaedics, www.wheelsonline.com. Last Updated: April 2012.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Associated Surgical Service: Medicine Consult for Pre Op Medical Clearance includes CXR, EKG, Labs:** 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 Wheelless' Textbook of Orthopaedics, [www.wheellesonline.com](http://www.wheellesonline.com). Last updated: April 2012.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.