

<b>Case Number:</b>	CM14-0172291		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	05/08/2013
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	10/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### 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 California. 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 05/08/2013. The mechanism of injury was not provided. The medications included Norco 10/325 mg and Docusate 100 mg. The injured worker underwent an EMG/NCV of the bilateral lower extremities and an MRI of the lumbar spine. The MRI of the lumbar spine was dated 04/05/2014 and revealed the injured worker had early disc desiccation at L1-2 and a grade 1 retrolisthesis at L3 over L4. There were modic type 2 endplate degenerative changes at L3-4. There was a reduced height of the L2 vertebra noted with superior endplate compression without soft tissue component or intervertebral disc involvement. At L3-4, there was diffuse disc protrusion with effacement of the thecal sac. The disc material and facet hypertrophy caused bilateral neural foraminal narrowing effacing the left and right L3 exiting nerve roots. The disc measurements pre load bearing were 2.3 and post load bearing were 2.3 mm. At L4-5, there was diffuse disc protrusion with effacement of the thecal sac. The disc material and facet hypertrophy caused bilateral neural foraminal narrowing that effaced the left and right L3 exiting nerve roots. The disc measurements pre load bearing and post load bearing were 2.3 mm. At L5-S1, there was diffuse disc protrusion without effacement of the thecal sac. Disc material and facet hypertrophy caused bilateral stenosis of the neural foramina effacing the left and encroaching the right L5 exiting nerve root. The disc measurements pre and post load bearing were 1.7 mm. The documentation of 10/02/2014 revealed the injured worker had a medial branch block on 06/17/2014, followed by a radiofrequency ablation. The injured worker had complaints of pain in the lower back and less in the left shoulder. The physical examination of the lumbar spine revealed limitation in range of motion. There was tenderness to palpation over the bilateral lumbar paraspinous muscles consistent with spasms. There was a positive lumbar facet loading maneuver bilaterally. There was a negative straight leg raise on the left in the seated and supine position to 45 degrees. There

was sacroiliac joint tenderness on the left with a negative Patrick's test, negative Gaenslen's maneuver, and negative Stork's test. The injured worker had 4+/5 strength on the left ankle on plantar flexion and 4/5 strength on the left ankle in dorsiflexion. The deep tendon reflexes were 1+/4 in the bilateral upper and lower extremities. The diagnoses included compression fracture of the lumbar spine, lumbosacral spondylosis without myelopathy, and disorders of the bursa and tendons in the shoulder region, unspecified. The treatment plan included a spinal surgery consultation to evaluate for alternative treatment options. Additionally, the request was made for a diagnostic differential lateral L3, L4, and L5 median branch nerve block. There was a detailed Request for Authorization submitted for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 Spinal Surgery Consultation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

**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 preferably with accompanying objective signs of neural compromise; activity limitations due to radiating leg pain for more than 1 month; or the extreme progression of lower leg symptoms; 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 a failure of conservative treatment. The clinical documentation submitted for review indicated the injured worker had objective findings upon physical examination and these findings were corroborated by the MRI. However, there was a lack of documentation indicating a failure of conservative treatment as it was indicated the injured worker was undergoing further injections. The response to injections was not provided. There was a lack of documentation of a recent physical medicine/chiropractic evaluation and/or treatment to support necessity. Additionally, there was a lack of documentation of an EMG/NCV study to support radicular findings. Given the above, the request for 1 spinal surgery consultation is not medically necessary.

#### **Norco 10/325mg #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain; ongoing management Page(s): 60 78.

**Decision rationale:** The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of an objective decrease in pain, an objective improvement in function, and documentation the injured worker is being monitoring for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was being monitoring for aberrant drug behavior through urine drug screens. The injured worker had utilized opiates since at least 01/2014. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating objective functional improvement, an objective decrease in pain, and documentation of possible side effects. There was a lack of documentation indicating the injured worker had a pain contract on file. Given the above, the request for Norco 10/325 mg #90 is not medically necessary.

**Docusate 100 MG #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation McKay SL, Fravel M, Scanlon C. Management of Constipation Iowa City IA University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core; 2009 Oct. p51

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Therapy Page(s): 77.

**Decision rationale:** The California MTUS Guidelines recommend that when initiating opioid therapy, prophylactic treatment of constipation should be initiated. The clinical documentation submitted for review failed to provide the duration of use. Additionally, they failed to provide documentation of the efficacy of the requested medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Docusate 100 mg #60 is not medically necessary.