

Case Number:	CM14-0181184		
Date Assigned:	11/05/2014	Date of Injury:	12/22/2009
Decision Date:	12/15/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/31/2014

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 Surgeon, has a subspecialty in Spine Surgeon and is licensed to practice in New Jersey. 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 61-year-old female who reported an injury on 12/22/2009. The mechanism of injury was lifting and packing. The injured worker's surgical history was noncontributory. The injured worker's medications included Norco, tramadol, and Flexeril. The injured worker had x-rays on the date of evaluation, 08/13/2014, which revealed degenerative disc disease at L4-5 and a grade II, almost grade III, spondylolisthesis. The documentation of 08/13/2014 revealed the injured worker was having low back pain with pain shooting down the bilateral legs, left worse than right. The injured worker had night pain. The injured worker was noted to have weakness in her legs and back. The injured worker was noted to have participated in physical therapy and, per the injured worker, it did not help. The physical examination revealed the injured worker was wearing a brace in the lumbar spine. The gait was normal. The injured worker had tenderness to palpation in the mid line of the lumbar spine. The neck range of motion was within normal limits. The back range of motion was 90 degrees of flexion and 20 degrees of extension. The injured worker had decreased sensation in the left medial foot. The deep tendon reflexes were 1+ and symmetrical at the knee and ankle. The diagnosis included L4-5 grade II, almost grade III, spondylolisthesis, degenerative disc disease, and lumbar spinal stenosis. The recommendation was for an L4-5 TLIF decompression fusion surgery. The documentation of 09/04/2014 revealed the injured worker continued to have complaints of low back pain that was often severe in nature. The request was made for refill of Ultram 50 mg 1 tablet twice a day with 2 refills. There was no Request for Authorization 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:

Ultram 50mg 1 tab bid #60 with two (2) refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids regarding: Ultram..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, Ongoing Management Page(s): 60, 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that opioids are appropriate for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide documentation of the above criteria. There was a lack of documentation indicating a necessity for 2 refills without re-evaluation. The duration of use cannot be established through supplied documentation. Given the above, the request for Ultram 50mg 1 tab bid #60 with two (2) refills is not medically necessary.

Surgical Intervention of the Lumbar Spine under [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines for Independent Medical Examinations and Consultations regarding: Referrals Chapter 7.

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 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 failed to provide documentation of a MRI. There were x-ray images indicating the patient had spondylolisthesis. There was a lack of documentation indicating a psychological screening for surgical intervention. There was a lack of documentation of electrophysiologic evidence to support the necessity for surgical intervention. The request as submitted failed to indicate the type of surgical intervention being requested, as well as the levels for the requested surgical intervention. Given the above, the

request for Surgical Intervention of the Lumbar Spine under [REDACTED] is not medically necessary.