MAXIMUS Federal Services

Case Number:	CM14-0024634		
Date Assigned:	06/11/2014	Date of Injury:	08/07/2013
Decision Date:	07/15/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/26/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 52-year-old male who reported an injury on 08/07/2013. The mechanism of injury was noted to be misstepping on a sidewalk. He was noted to have a diagnosis of lumbar stenosis, lumbar radiculopathy, and low back pain. His previous treatments were noted to be medications, physical therapy, and a home exercise program. A recent clinical evaluation dated 01/10/2014 noted the injured worker had complaints of low back pain and bilateral extremity pain. Pain was noted to be located 70% in the injured worker's back and 30% down the injured worker's legs. He rated the pain 8/10 on a 1 to 10 scale. In addition, he had complaints of pain in his right groin. The objective findings included midline lumbosacral tenderness to palpation and some left paramedian lumbosacral tenderness to palpation. He had no palpable step-offs, and he had no kyphotic, no scoliotic, or lordotic deformities. In addition, he had no fixed ankylosis. The examination also noted he had 4/5 strength in his left iliopsoas and quadriceps. It was noted that strength was 5/5. The injured worker had an MRI scan of the lumbar spine on 09/17/2013. This was significant for L1-2 disc desiccation, loss of height, and disc bulging. At L3-4, there was disc desiccation, loss of height, and disc bulging with significant Modic changes at the endplate. There was a broad-based disc protrusion resulting in a mild degree of central and lateral recess stenosis and a moderate degree of left-sided foraminal stenosis. At L4-5, there was disc desiccation, loss of height, and posteriorly protruding disc osteophyte complex, which is median to right paramedian. This caused a mild degree of central stenosis, but a severe degree of right lateral recess and mild degree of left lateral recess stenosis. There was also some moderate degree of right foraminal stenosis. Finally, at L5-S1, there was disc desiccation, loss of height, and a disc protrusion. This resulted in moderate right-sided foraminal stenosis. The injured worker was given the diagnoses of lumbar stenosis, lumbar radiculopathy, and low back pain. The treatment plan included discontinuing Norco and

prescribing Percocet. An additional recommendation was for lumbosacral orthosis for biomechanical support. The provider's rationale for the requested Percocet and lumbosacral orthosis was provided within the documentation. A Request for Authorization for Medical Treatment was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 5/325MG #100: 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 Opioids Page(s): 75.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines indicate Percocet every 4 hours to 6 hours as needed for pain. It is noted a maximum daily dose is based on acetaminophen content with a maximum of 4,000 mg of acetaminophen a day. The injured worker, in a clinical evaluation dated 01/10/2014, stated that Norco was providing him ineffective relief and he wanted to try something stronger, particularly at night as he is unable to sleep secondary to pain. The guidelines do indicate Percocet for pain; however, the request for Percocet 5/325 mg quantity 100 fails to provide a frequency. Therefore, the request is not medically necessary.

LUMBOSACRAL ORTHOSIS: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301,308.

Decision rationale: The request for LUMBOSACRAL ORTHOSIS is non-certified. The California American College of Occupational and Environmental Medicine state lumbar support (corset) is not recommended for the treatment of low back disorders. Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The clinical evaluation on 01/10/2014 indicated that a lumbosacral orthosis would be recommended for biomechanical support or effective for postoperative support, should the injured worker want to have a decompressive laminectomy. However, it does not fall under criteria that are recommended for prevention or treatment of low back pain, according to the guidelines. Therefore, the request for LUMBOSACRAL ORTHOSIS is non-certified.