MAXIMUS Federal Services

Case Number:	CM14-0035732		
Date Assigned:	07/09/2014	Date of Injury:	11/19/2011
Decision Date:	10/15/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/24/2014

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 Occupational Medicine 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 applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 19, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; and two prior epidural steroid injections, per the claims administrator. In a Utilization Review Report dated March 3, 2014, the claims administrator denied a request for an anterior lumbar interbody fusion at L4-L5 and L5-S1 along with a pain management consultation. The claims administrator did suggest that the applicant had a November 2012 lumbar MRI which demonstrated right-sided neural foraminal stenosis at L4-L5 with broad-base disk protrusion at L5-S1 abutting the L5 nerve root. The applicant also had advanced loss of disk height at L4-L5, it was further noted and moderate bilateral foraminal stenosis at L5-S1, it was stated. In its denial, the claims administrator invoked non-MTUS AMA Guidelines to the Evaluation of Permanent Impairment, Fifth Edition. Non-MTUS Chapter 7 ACOEM Guidelines and non-MTUS ODG Guidelines were also invoked to deny the pain management consultation, despite the fact that the MTUS addresses the topic. In a March 2014 progress note, the applicant reported persistent complaints of low back pain with ancillary complaints of shoulder, wrist, and elbow pain. The applicant was on Flexeril, Motrin, and Norco. The applicant was apparently working as a truck driver but had reported heightened pain complaints with the same. The applicant exhibited difficulty moving about in the office and reported pain with squatting and taking his shoes off. Epidural steroid injection therapy was reportedly sought. In a February 6, 2014 spine surgery note, the applicant reported persistent complaints of low back pain. The applicant's spine surgeon suggested that a pain management specialist might be more appropriate specialist to furnish the applicant with chronic opioid medications. The applicant's low back pain was reportedly severe and was radiating into the

bilateral lower extremities, exacerbated by cold weather. The applicant did exhibit a normal gait with painful range of motion. Motor and sensory function about the lower extremities was grossly intact. A rather proscriptive 5-pound lifting limitation was endorsed. An L4-L5 and L5-S1 lumbar fusion was sought on the grounds that the applicant had both plain film radiographs and MRI imaging which revealed advanced disk collapse at the levels in question. A pain management consultation was endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Lumbar Interbody Fusion L4-L5 And L5-S1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307, 310.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 310, it is recommended that one discuss surgical options with applicants who have persistent and severe sciatica with clinical evidence of nerve root compromise if symptoms persist after four to six weeks of conservative therapy. In this case, the applicant has, in fact, tried, failed, and exhausted conservative treatments with time, medications, physical therapy, epidural injection therapy, etc. Pursuit of a surgical remedy is indicated. As further noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 307, applicants with increased spinal instability may be candidates for a lumbar fusion procedure. In this case, the applicant apparently has advanced disk degeneration at the levels in question, L4-L5 and L5-S1. The applicant also has evidence of neuroforaminal stenosis and/or neurologic compromise at the levels in question. Given the failure of conservative treatment, pursuit of a surgical remedy is indicated. Therefore, Anterior Lumbar Interbody Fusion L4-L5 and L5-S1 is medically necessary.

Pain Management Consulation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent medical Examinations and Consultations, pages 127 & 156, Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 92, referral may be appropriate when a practitioner is uncomfortable with treating a particular cause of delayed recovery. In this case, the applicant's primary treating provider, a spine surgeon, has indicated that he is uncomfortable continuing to prescribe the applicant with opioid agents.

Obtaining the added expertise of a physician who is better-equipped to provide chronic opioid management, such as a pain management specialist, is therefore indicated. Accordingly, Pain Management Consultation is medically necessary.