

Case Number:	CM14-0063476		
Date Assigned:	07/11/2014	Date of Injury:	07/26/2013
Decision Date:	09/08/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/06/2014

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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 patient is a 40-year-old male who has submitted a claim for lumbosacral disc degeneration associated with an industrial injury date of July 26, 2013. Medical records from 2013 to 2014 were reviewed. The patient complained of low back pain rated 5/10, radiating to the left buttock and leg. Physical examination of the lumbar spine showed lumbar tenderness; limitation of motion; and positive sitting straight leg raising, left. An MRI done on September 17, 2013 revealed moderate to moderately severe stenosis from L3 to S1. The diagnoses were severe multilevel lumbar stenosis, neurogenic claudication, sciatica, low back pain, severe degenerative disc disease of lumbar spine, and lower extremity weakness. Total L3-4 to L5-S1 laminectomy was authorized and was performed on May 1, 2014. Treatment to date has included oral analgesics, physical therapy, epidural steroid injection, and lumbar spine surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Operative Clearance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative Testing, General.

Decision rationale: The California MTUS does not specifically address preoperative testing, so the Official Disability Guidelines (ODG) were used instead. The ODG states that preoperative testing can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. In this case, the patient was authorized to undergo total L3-4 to L5-S1 laminectomy for which preoperative clearance was requested. However, the patient did not present any significant health issues based on history and most recent physical examination. The need for preoperative clearance was not established. Therefore, the request is not medically necessary.

Cardiac Clearance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative Testing, General.

Decision rationale: The California MTUS does not specifically address preoperative testing, so the Official Disability Guidelines (ODG) were used instead. The ODG states that preoperative testing can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. In this case, the patient was authorized to undergo total L3-4 to L5-S1 laminectomy for which cardiac clearance was requested. However, the patient did not present any cardiac issues based on history and most recent physical examination. There was also no evidence of increased risk for cardiac events from the medical records submitted. The need for cardiac clearance was not established. Therefore, the request is not medically necessary.

Pharmacy purchase of Post-Operative Medication Norco 5/325mg #50 x 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, page 78 Page(s): 78.

Decision rationale: As stated on page 78 of the California MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, Norco intake was noted as far back as January 2014. However, the patient's response to the medication was not discussed. The medical records do not clearly reflect

continued functional benefit from its use. MTUS Guidelines require clear and concise documentation for ongoing management. Furthermore, urine drug screen was not done for monitoring of possible aberrant drug-taking behaviors. The medical necessity for continued use was not established. Therefore, the request is not medically necessary.