

Case Number:	CM14-0063566		
Date Assigned:	07/11/2014	Date of Injury:	04/15/2009
Decision Date:	09/08/2014	UR Denial Date:	04/29/2014
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 Geriatrics and is licensed to practice in New York. 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 years old man with a date of injury of 4/15/09. He was seen by his physician on 4/17/14 with complaints of severe back pain with radiation to his legs and back spasm. He stated he was fearful of epidural injections or surgery but now has changed his mind about an operation and requested another opinion from a neurosurgeon. Pain medications were said to be helpful with 50% improvement in function. His physical exam showed a forward flexed antalgic posture with loss of lordotic curvature due to spasm. He had pain with a left straight leg raise at 80 degrees. He could ambulate on his heels and toes and his deep tendon reflexes remained 1+ at the ankle and knees. He reported altered sensory loss in the left lateral calf and bottom of his foot. Prior MRI of 5/13 showed annular tear at L4-5 with mass effect on exiting nerve roots at the L4 level and small disc herniation at L5-S1 causing bilateral neural foraminal stenosis. His diagnoses were low back pain with lumbar strain/sprain. At issue in this review is another opinion from a neurosurgeon and the ongoing prescriptions for valium for back spasms and oxycodone for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second opinion, [REDACTED] neurosurgeon for the next couple of weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-328.

Decision rationale: This injured worker was denied a request for a neurosurgeon second opinion requested in the 4/14 note. His physical exam reveals pain and spasm with palpation, minimal sensory changes and symmetric 1+ reflexes. There are no red flag symptoms or signs which would be indications for immediate referral. A prior MRI confirmed lumbar disc disease. Surgery is considered when there is severe spinovertebral pathology or severe, debilitating symptoms with physiologic evidence of specific nerve root or spinal cord dysfunction on appropriate imaging studies that did not respond to conservative therapy. Other modalities of conservative therapy could be trialed prior to surgical referral and the medical records do not support the medical necessity of a spine surgeon evaluation. The request is not medically necessary.

Oxycodone 30mg 140:

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

Decision rationale: The 48 years old injured worker has chronic back pain with an injury sustained in 2009. His medical course has included numerous diagnostic and treatment modalities including long-term use of several medications including narcotics, muscle relaxants. In opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 4/14 fails to document any significant improvement in pain, functional status or side effects to justify long-term use. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The oxycodone is not medically necessary.

Valium 10mg #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: This 48 year old injured worker has chronic back pain with an injury sustained in 2009. His medical course has included numerous diagnostic and treatment modalities including long-term use of several medications including narcotics, muscle relaxants. Benzodiazepenes are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. In this injured worker, valium is prescribed for long-

term use and the records do not document medical necessity. This request is not medically necessary.