

<b>Case Number:</b>	CM14-0068731		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	02/08/2012
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2014

### 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 a filed a claim for chronic low back pain reportedly associated with industrial injury of February 8, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; transfer of care to and from various provides in various specialties; and unspecified amounts of physical therapy. In a utilization review report dated May 8, 2014, the claims administrator denied a request for spine surgery consultation, denied a request for tramadol, and approved a follow up examination. The claims administrator invoked non-MTUS ODG Guidelines to approve the followup visit, it is incidentally noted. The applicant's attorney subsequently appealed. In a May 28, 2014 progress note, the applicant reported persistent complaints of low back pain. The applicant was given a prescription for tramadol. The applicant was placed off of work, on total temporary disability. There was no mention of medication efficacy on this occasion. The applicant did have evidence of lumbar MRI imaging on July 23, 2012, which is notable for disk protrusion at L4-L5 generating impingement on the exiting left L4 nerve root, along with the disk protrusion at L5-S1 also impinging upon the left on the L5 nerve root. The attending provider stated that epidural steroid injection therapy was unsuccessful and that spine surgery consultation was indicated to consider the need for surgical intervention.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 spine surgical consultation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 310 Table 12-8.

**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 with persistent and severe sciatica with clinical evidence of nerve root compromise if symptoms persists after four to six weeks of conservative therapy. In this case, the applicant does seemingly have radiographic evidence of lesion amenable to surgical correction at least two levels, along with seemingly severe radicular complaints, which have proven recalcitrant to time, medication, physical therapy, epidural steroid injection therapy, etc. Obtaining the spine surgical consultation to consider possible surgical intervention is therefore indicated. Accordingly, the request is medically necessary.

**30 Tramadol 150mg XR:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work, on total temporary disability. The attending provider has himself stated that the applicant has persistent complaints of low back pain. There was no discussion of medication efficacy incorporated into the cited progress note. The attending provider has not outlined how (or if) ongoing usage of tramadol have been beneficial here in terms of either pain or function. Therefore, the request is not medically necessary.