

Case Number:	CM14-0073532		
Date Assigned:	07/16/2014	Date of Injury:	12/14/1996
Decision Date:	08/14/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/20/2014

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 Neurological Surgery 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 records presented for review indicate that this 62-year-old female was reportedly injured on 12/14/1996. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated 4/24/2014, indicated that there were ongoing complaints of chronic low back pain with lower extremity pain right greater than left. The physical examination demonstrated cervical spine: Positive tenderness to palpation paracervical, trapezius, and scapular muscles. Pain with range of motion. Positive straight leg raise. Lumbar spine: No tenderness to palpation. Muscle strength 4/5 right quadriceps, right extensor hallucis longus, right plantar flexion/gastrocnemius. No recent diagnostic studies were available for review. Previous treatment included previous surgery, physical therapy, and medications. A request had been made for lumbar decompression at L2-L3 and L3-L4 and Norco 10/325 #168, and was not certified in the pre-authorization process on 5/1/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 minimally invasive lumbar decompression at L2-3 and L3-4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation Official Disability Guidelines-Low Back-Lumbar & Thoracic (Acute & Chronic).

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-lumbar and thoracic (acute and chronic), Decompression.

Decision rationale: According to the Official Disability Guidelines, lumbar decompression may be a surgical procedure that is performed to alleviate pain caused by pinched nerves (neural impingement). There are two common types of spine surgery decompression procedures: Microdiscectomy or open decompression. Surgical discectomy is for carefully selected patients with radiculopathy due to lumbar disc prolapse and provides faster relief from the acute attack than conservative management, although any positive or negative effects on the lifetime natural history of the underlying disc disease are still unclear. Unequivocal objective findings were required based on neurological examination and testing. After reviewing the medical documentation provided, there was no compelling evidence that would necessitate the need for this surgical procedure, which the overall effectiveness is not proven. Therefore, the request for this procedure is deemed not medically necessary.

1 prescription of Norco 7.5/325mg #168: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short-acting opioid combined with acetaminophen. Chronic Pain Medical Treatment Guidelines support short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there was no clinical documentation of improvement in the pain or function with the current regimen. Therefore, the request for 1 prescription of Norco 7.5/325mg #168 is not medically necessary and appropriate.