

Case Number:	CM14-0077241		
Date Assigned:	07/18/2014	Date of Injury:	01/01/2013
Decision Date:	08/26/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	05/27/2014

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 Orthopedic 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 claimant reported an industrial injury on 1/1/13 and is currently still employed. An exam was done on 6/19/13 and there was documentation of axial lumbar pain along with new reports of sciatic pain. The report demonstrated L5/S1 spondylolisthesis with lateral recess stenosis and right L5/S1 hyperthetia. There was an MRI of the lumbar spine done on 2/28/13, which demonstrated spondylosis with L5/S1 spondylolisthesis. The report also documented a trial of pain management. However, there was no documentation made regarding upright radiographs of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar 5 - Sacral 1 Anterior Lumbar Interbody Fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Treatment and Workman's Compensation (TWC).

MAXIMUS 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, Fusion.

Decision rationale: The ACOEM Guidelines state that, "lumbar fusion, except for cases of trauma-related spinal fracture or dislocation, fusion of the spine is not usually considered during the first three months of symptoms. Patients with increased spinal instability (not work-related) after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion." According to the ODG, "low back, fusion (spinal) should be considered for 6 months of symptoms. Indications for fusion include neural arch defect, segmental instability with movement of more than 4.5 mm, revision surgery where functional gains are anticipated, infection, tumor, deformity and after a third disc herniation." In addition, ODG states that, "there is a lack of support for fusion for mechanical low back pain for subjects with failure to participate effectively in active rehab pre-op, total disability over 6 months, active psych diagnosis, and narcotic dependence." There is a lack of medical necessity for lumbar fusion, as there is no evidence of segmental instability greater than 4.5 mm or psychiatric clearance to warrant fusion. Therefore, the request for lumbar fusion is not medically necessary.

Bone Morphogenic Protein (BMP): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, the determination for bone morphogenic protein is also not medically necessary.

Two (2) to Three (3) Day Hospital Stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, the determination for a 2-3 day hospital day is also not medically necessary.

Assistant Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, the determination for an assistant surgeon is also not medically necessary.

Functional Restoration Program (FRP): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program (FRP).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30-32.

Decision rationale: The CA MTUS/Chronic Pain Medical Treatment Guidelines indicated that functional restoration programs are recommended when patients have conditions that put them at risk for delayed recovery. Previous methods for treating chronic pain have been unsuccessful and there is a lack of additional options known to result in significant clinical improvement. In this case, the claimant is working and there is a lack of documentation in the cited records of previous methods for treating chronic pain. Therefore, the request for a functional restoration program is not medically necessary.

Flector Patch One (1) month supply: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Treatment & Workman's Compensation (TWC); Topicals.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Diclofenac, Topical.

Decision rationale: CA MTUS/ACOEM is silent on the issue of Flector patch, regarding topical Diclofenac. According to the Official Disability Guidelines, topical Diclofenac is not recommended as a first line treatment but is recommended for patients at risk for gastrointestinal (GI) events from oral Non Steroidal Anti-Inflammatory Drugs. (NSAIDs). In this case, the exam noted on 6/19/13 does not demonstrate prior adverse GI events or intolerance to NSAIDs. The request is not medically necessary, given the lack of documentation of failure of oral NSAIDs and GI events.