

Case Number:	CM14-0095484		
Date Assigned:	07/25/2014	Date of Injury:	01/04/2010
Decision Date:	08/28/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/23/2014

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 is a 54-year-old who sustained injuries to his low back, neck and left shoulder in a work related accident on 01/04/10 when he fell from a ladder. The clinical records provided for review include documentation of prior surgery on 12/14/12 of an L3-4 hemilaminectomy and discectomy. The report of plain film radiographs of October 2013 showing multilevel spondylosis and loss of disc height from L3-4 through L5-S1. The report of an MRI dated 11/14/13 showed multilevel disc desiccation, at the L3-4 level endplate degenerative changes with disc protrusion, and at L5-S1 a disc protrusion and loss of disc height. Flexion and extension views of the lumbar spine failed to demonstrate any degree of instability. The report of a follow up visit on 04/04/14 describes chronic low back complaints with left lower extremity radiculopathy. Physical examination showed positive straight leg raising, motor weakness of 3 out of 5 to the extensor hallucis longus (EHL) and antalgic gait pattern. The recommendation was made for an L3 through S1 anterior posterior spinal fusion and the continued use of Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anteroir Spinal Fusion/Posterior Spinal Fusion L3-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

Decision rationale: Based on California MTUS ACOEM Guidelines, the request for an anterior/posterior spinal fusion L3 to S1 cannot be recommended as medically necessary. The medical records indicate that the claimant has continued pain complaints; there is no documentation of physical examination findings correlating with clinical imaging to support the need for the surgery at L3 through S1 level. There is also no imaging identifying segmental instability at the L3-4, L4-5 or L5-S1 level to support the need for a fusion. ACOEM Guidelines state that there is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability. Therefore, the surgical request is not medically necessary.

Norco 10/325mg #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone; Opioids: criteria for use Page(s): 91; 76-80.

Decision rationale: California MTUS Chronic Pain Guidelines would not support the continued use of Norco. There is no documentation in the records provided for review that the claimant receives any benefit from the medication or experiences an increase in activities with the use of short acting narcotic analgesics as recommended by the Chronic Pain Guidelines. Given long term use of the medication with no discernible benefit, its continued use at present would not be supported as medically necessary.