

Case Number:	CM14-0206520		
Date Assigned:	01/06/2015	Date of Injury:	06/07/1999
Decision Date:	02/28/2015	UR Denial Date:	11/28/2014
Priority:	Standard	Application Received:	12/09/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 46-year-old male who reported injury on 06/07/1999. The diagnosis included lumbosacral spondylosis. The mechanism of injury was not provided. Prior treatments included medications. There was a Request for Authorization submitted for review dated 10/27/2014. The current medications were noted to include Ultram ER 150 mg, Paxil 20 mg, and a topical medication including cyclobenzaprine and tramadol. The physician documentation dated 10/27/2014 revealed the injured worker was status post lumbar fusion with subsequent hardware removal. The injured worker complained of pain in the bilateral sacroiliac joints radiating to both legs with numbness and tingling. The injured worker was noted to complain of swelling over the upper portion of the surgical incision. Physical examination revealed fibrous nodules over the bilateral sacroiliac joint. Examination of the lumbar spine revealed tenderness to palpation over the lumbar paraspinal musculature with decreased range of motion secondary to pain and joint stiffness. There was tenderness in the bilateral sacroiliac joints, and the faber's and Patrick's tests were por. The injured worker had decreased sensation to light touch and pinprick at the bilateral S1 dermatome distribution. The motor strength was 5/5. Reflexes were 1+ throughout. The treatment plan included Paxil, tramadol ER, and topical creams, as well as a repeated request for extension of the fusion for adjacent level disease. A request was noted to be made in order to stabilize unstable segments and have increase in the injured worker's functional capabilities. The original date of the request could not be determined through supplied documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Extension of Fusion for Adjacent Level Disease, as well as sacroiliac Joint Fixation with Arthrodesis and decompression between 10/27/14 and 1/16/15: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Adjacent Segment disease/degeneration.

Decision rationale: The American College of Occupational and Environmental Medicine indicate a surgical consultation may be appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies preferably with accompanying objective signs of neural compromise. There should be documentation of activity limitations due to radiating leg pain for more than 1 month or the extreme progression of lower leg symptoms, and clear clinical, imaging and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair and documentation of a failure of conservative treatment to resolve disabling radicular symptoms. Additionally, 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 and motion in the segment operated on. Clinicians should consider referral for psychological screening to improve surgical outcomes. The clinical documentation submitted for review failed to include radiologic findings to support the necessity for a fusion. There was a lack of documentation of conservative care. There was a lack of documentation of objective clinical findings to support the necessity for surgical intervention. There was a lack of documentation indicating the injured worker had been referred for psychological screening. The American College of Occupational and Environmental Medicine do not specifically address adjacent segment disease. As such, secondary guidelines were sought. The Official Disability Guidelines indicate the term adjacent segment disease has been defined as the development of new clinical symptoms that correspond to radiographic changes adjacent to the level of previous spinal fusion. The clinical documentation submitted for review failed to provide that the injured worker had new clinical symptoms and failed to provide there was documentation of radiographic changes. Additionally, the request as submitted failed to indicate the levels for the requested surgery. Given the above, the prospective request for 1 extension of fusion for adjacent level disease, as well as sacroiliac joint fixation with arthrodesis and decompression between 10/27/2014 and 01/16/2015 is not medically necessary.

Paxil (Paroxetine HCL) 20mg #60 between 10/27/14 and 1/16/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend antidepressants as a first line medication for treatment of neuropathic pain and they are recommended especially if pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and objective functional improvement to include an assessment in the changes in the use of other analgesic medications, sleep quality and duration and psychological assessments. The clinical documentation submitted for review failed to provide documentation of an objective decrease in pain and objective functional improvement. The request as submitted failed to indicate the frequency for the requested medication. Additionally, there was a lack of documentation indicating whether the injured worker had a change in the use of other analgesic medications; sleep quality and duration; and a psychological assessment. Given the above, the request for Paxil (paroxetine hydrochloride) 20 gm #60 between 10/27/2014 and 01/16/2015 is not medically necessary.