

Case Number:	CM14-0209663		
Date Assigned:	12/22/2014	Date of Injury:	09/28/2013
Decision Date:	02/18/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/15/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 patient is a 50 year old female with an injury date on 09/28/2013. Based on the 10/22/2014 progress report provided by the treating physician, the diagnoses are:1. Grade I dynamic spondylolisthesis at L4-52. Grade I retrolisthesis at L5-S1 with severe disc space collapse3. Bilateral knee strain and contusion4. Bilateral lumbar radiculopathyAccording to this report, the patient presents with "lumbar spine and bilateral hip symptoms have slightly worsened since her index examination." Physical exam reveals tenderness at the lumbar paraspinal muscles, greater trochanteric bursa, patellar tendon, and anteriorly over the patellofemoral joint. Lumbar and hip range of motion is limited. Moderate weakness is noted at the of the left toe dorsiflexor (EHL), toe plantar flexor, gastrocnemius and peroneal muscles. Decreased sensation to pinprick is noted over the left lateral thigh, leg and dorsum of the foot, and first dorsal web space. Achilles tendon reflex is decreased on the left. Steinman's test, Helfet test, Mc Murray, Apley's test, Patellofemoral facet compression, and Patellofemoral grind test are positive on the right.MRI of the lumbar spine w/o contrast on 10/09/2014 shows: 1. L5-S1: broad-based bulge (5 mm) and grade I retrolisthesis of L5 on SI2. L4-L5: broad-based bulge (3 mm) and mild-moderate central canal narrowing and moderate bilateral neural foraminal narrowing3. L3-L4: broad-based bulge (2 mm) and mild central canal narrowing and mild bilateral neural foraminal narrowingTreatment to date includes "failed maximum conservative treatment" of physical therapy, chronic course of NSAIDS and narcotic as well as non-narcotic analgesics, and lumbar pain management procedures." The treatment plan is to request for ALIF at the L4-5 and L5-S1 levels, assistant vascular surgeon for the surgical procedure, 3-4 days of hospitalization,

preoperative medical clearance, Lumbar LSO Orthosis, post-operative physical therapy, front wheel walker, and elevated toilet seat. The patient's work status is "TTD until November 13, 2014." The utilization review denied the request for Lumbar spine support, and Urine toxicology for medication monitoring on 12/05/2014 based on the MTUS/ODG guidelines. The requesting physician provided treatment reports from 09/16/2014 to 11/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine Support: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low Back chapter: lumbar supports

Decision rationale: According to the 10/22/2014 report, this patient presents with "lumbar spine and bilateral hip symptoms have slightly worsened since her index examination" and is scheduled for an ALIF at the L4-5 and L5-S1 levels on 12/10/2014. The current request is for Lumbar spine support. The ACOEM Guidelines page 301 on lumbar bracing states, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ODG Guidelines regarding lumbar supports states "not recommended for prevention", however, "recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific lower back pain (very low quality evidence but may be a conservative option)." In this case, the treating physician document that the patient had "Grade 1 instability of the L5-S1 level" and the ODG guidelines state that back support is recommended for spondylolisthesis and instability. Therefore, the current request is medically necessary.

Urine Toxicology for medication monitoring: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines UDS Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter under urine drug testing

Decision rationale: According to the 10/22/2014 report, this patient presents with "lumbar spine and bilateral hip symptoms have slightly worsened since her index examination" and is scheduled for an ALIF at the L4-5 and L5-S1 levels on 12/10/2014. The current request is for Urine toxicology for medication monitoring. Regarding UDS's, MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG

Guidelines provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. In this case, the available medical records indicate the patient is currently on Vicodin (a narcotic-like pain reliever). UR alludes that the patient had a recent UDS was done on 09/24/2014. In reviewing the reports provided there were no discussion regarding the patient showing any adverse behavior with opiates use. The treating physician did not explain why another UDS is needed. There is no discussion regarding this patient being at risk for any aberrant behaviors. The current request is not medically necessary.