MAXIMUS Federal Services

Case Number:	CM14-0210149		
Date Assigned:	12/23/2014	Date of Injury:	11/20/2010
Decision Date:	08/28/2015	UR Denial Date:	11/19/2014
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:
tate(s) of Licensure: New York
Certification(s)/Specialty: Neurological 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 patient is a 67 year-old male with date of injury of 11/20/2010. The listed diagnosis per 06/11/2014 are: 1. Status post rotator cuff repair, right shoulder. 2. Strain of the right shoulder. 3. Lumbosacral strain. 4. Severe degenerative disc disease of the lumbar spine at L3-L4 through L5-S1. 5. Diabetic neuropathy. According to this report, the patient complaints of constant pain in the low back that he rates 8/10. He reports difficulty sitting, standing, walking and having sex due to his symptoms. The patient states that pain medications and rest provide temporary relief. He also complains of constant pain in his right shoulder and right upper extremity. Examination shows a 6-inch scar on the anterior aspect of the right shoulder. He has poor strength to abduction. There is tenderness at the supraspinatus insertion. The patient has edema of the right lower extremity. Amputation of the left second toe was noted. Straight leg raise bilaterally causes pain the back with radiation into the thighs and calves. No detectable reflexes in the knee or ankle area. Decreased sensation over the dorsal and volar aspect of both feet. Treatment reports from 01/22/2014 to 08/28/2014 were provided for review. The utilization review denied the request on 11/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

DECOMPRESSION AT L3-L4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

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 chapter on Discectomy/ laminectomy.

Decision rationale: This patient presents with low back pain. The treater is requesting DECOMPRESSION AT L3-L4. The ODG Guidelines under the Low Back chapter on Discectomy/ laminectomy states, "Recommended for indications below. Surgical discectomy for carefully selected patients with radiculopathy due to lumbar disc prolapse 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 are required based on neurological examination and testing." ODG's indications for surgery include: symptoms/finding which confirm the presence of radiculopathy; objective findings on examination need to be present; imaging studies correlate between radicular findings on radiologic evaluation and physical exam findings, and all of the listed conservative treatments (NSAID, muscle relaxants, etc.). The MRI of the lumbar spine from 12/28/2013 showed broad-based disc protrusion at L3-L4 through L5-S1 levels with minimal narrowing of the central canal. Multilevel neural foraminal narrowing including severe bilateral at L5, moderate right on L4 and mild bilateral at L3. The records do not show prior lumbar surgery. In this case, the treater asked for decompression at L3-4 but there is no evidence of nerve root lesion or compression issue at this level such as high-grade stenosis or significant herniation. There is no documentation of radiculopathy at L3-4 level, either centrally or laterally. Examination does not show unequivocal evidence of L3 or L3 radiculopathy either. Decompression would not be indicated. The request IS NOT medically necessary.

DECOMPRESSION AT L4-L5: Upheld

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

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 chapter on Discectomy/ laminectomy.

Decision rationale: This patient presents with low back pain. The treater is requesting DECOMPRESSION AT L4-L5. The ODG Guidelines under the Low Back chapter on Discectomy/ laminectomy states, "Recommended for indications below. Surgical discectomy for carefully selected patients with radiculopathy due to lumbar disc prolapse 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 are required based on neurological examination and testing." ODG's indications for surgery include: symptoms/finding which confirm the presence of radiculopathy; objective findings on examination need to be present; imaging studies correlate between radicular findings on radiologic evaluation and physical exam findings, and all of the listed conservative treatments (NSAID, muscle relaxants, etc.). The MRI of the lumbar spine from 12/28/2013 showed broad-based disc protrusion at L3-L4 through L5-S1 levels with minimal narrowing of the central canal. Multilevel neural foraminal narrowing including severe bilateral at L5, moderate right on L4 and mild bilateral at L3. In this case, there is no evidence from clinical presentation (such as left L4 root pain with dermatomal distribution), exam findings

(weakness or sensory change in right L4 root distribution) or EMG findings supporting right L4 radiculopathy to warrant decompression at this level. The request IS NOT medically necessary.

DECOMPRESSION AT L5-S1: Overturned

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

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 chapter on Discectomy/ laminectomy.

Decision rationale: This patient presents with low back pain. The treater is requesting DECOMPRESSION AT L5-S1. The ODG Guidelines under the Low Back chapter on Discectomy/laminectomy states, "Recommended for indications below. Surgical discectomy for carefully selected patients with radiculopathy due to lumbar disc prolapse 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 are required based on neurological examination and testing." ODG's indications for surgery include: symptoms/finding which confirm the presence of radiculopathy; objective findings on examination need to be present; imaging studies correlate between radicular findings on radiologic evaluation and physical exam findings, and all of the listed conservative treatments (NSAID, muscle relaxants, etc.). The MRI of the lumbar spine from 12/28/2013 showed broad-based disc protrusion at L3-L4 through L5-S1 levels with minimal narrowing of the central canal. Multilevel neural foraminal narrowing including severe bilateral at L5, moderate right on L4 and mild bilateral at L3. In this case, decompression at L5-S1 would appear reasonable given the severe foraminal narrowing at L5-S1. The patient has significant leg symptoms, positive examination with SLR. The request for decompression at L5-S1 IS medically necessary.

Inpatient Hospital Stay: Overturned

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

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 chapter on hospital length of stay.

Decision rationale: This patient presents with low back pain. The treater is requesting INPATIENT HOSPITAL STAY. The MTUS and ACOEM guidelines are silent with regards to this request. However, ODG Guidelines under Low Back chapter on hospital length of stay for lumbar surgeries recommends a median of 1 day for discectomy. Given that the patient's decompression surgery at L5/S1 is recommended for authorization the request for inpatient hospital stay IS medically necessary.

Pre-operative medical clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Chapter on Preoperative Testing.

Decision rationale: This patient presents with low back pain. The treater is requesting PRE-OPERATIVE MEDICAL CLEARANCE. The MTUS and ACOEM Guidelines do not address this request. However, ODG under the Low Back Chapter on Preoperative Testing, general states, "Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status." The request for pre-operative clearance IS medically necessary for the L5/S1 surgery.

Soma 350mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

Decision rationale: This patient presents with low back pain. The treater is requesting SOMA 350MG. The MTUS Guidelines page 29 on Carisoprodol (Soma) states that it is not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule IV controlled substance). The records do not show a history of Soma use. In this case, Soma is not recommended for long-term use. There is no indication from the documents provided that this medication was to be used short-term. The report making the request is missing. The request IS NOT medically necessary.