

Case Number:	CM15-0008726		
Date Assigned:	01/26/2015	Date of Injury:	03/18/2011
Decision Date:	04/01/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/15/2015

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: 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:

This 57 year old male warehouse person fell off pallets some six feet striking his right side on a piece of metal sustaining injuries to his right shoulder, right chest and low back on 3/18/11. He has reported back pain. The diagnoses have included cervical strain, left leg pain following L4-5 decompression and fusion, status post right shoulder subacromial decompression procedure, right sided rib strain, stress syndrome, insomnia and internal medicine problems. Treatment to date has included post lateral fusion at L4-5 on 1/6/14 and oral medications. X-rays revealed screws bilaterally in the pedicles at L4 and L5 levels, it is unclear evidently to the provider whether the injured worker is fused. The MRI scan of the lumbar spine on 05/19/13 had noted a disc protrusion at L4-5, which did not cause canal, foraminal or lateral recess stenosis. Currently, the IW complains of back pain, head pain, left leg pain, left foot pain and abdominal pain. Per the PR2 of 11/26/14, thoracic and lumbar paraspinal muscle tenderness with spasm is noted on palpation. Decreased sensation is noted at the L5 dermatome. Documentation stated the left leg pain worsened significantly after the surgery. On 12/15/14 Utilization Review non-certified L4-L5 hardware removal, fusion inspection, post op evaluation, physical therapy, back brace, commode, front wheeled walker, Tylenol with codeine 300/30 # 60, noting not recommended for more than 2 weeks; Zolpidem 10 mg # 30 at bedtime with one refill, tramadol ER 150mg two times per day # 60 with one refill and re-evaluation within 6 weeks, noting the routine removal of hardware implanted for fixation is not recommended. Non-MTUS, ACOEM Guidelines was cited. The provider did not explain how the hardware was connected to the patient's complaints of head, foot, leg, back or abdominal pain. No images are provided showing lumbar instability.

On 1/8/15, the injured worker submitted an application for IMR for review of L4-L5 hardware removal, fusion inspection, post op evaluation, physical therapy, back brace, commode, front wheeled walker, Tylenol with codeine 300/30 # 60, Zolpidem 10 mg # 30 at bedtime with one refill, tramadol ER 150mg two times per day # 60 with one refill and re-evaluation within 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 Hardware removal: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low back (updated 11/21/14), Hardware implant removal (fixation).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Spinal Fusion Chapter-Hardware implant removal (fixation).

Decision rationale: The ODG guidelines do not recommend the routine removal of hardware implanted for fixation. The patient's images do not show any evidence of broken hardware, which would fit the ODG criteria for removal. No evidence is shown in the documentation that objectively links the hardware to the patient's complaints of persisting pain. Thus the requested treatment: L4-5 Hardware removal is not medically necessary and appropriate.

Fusion Inspection with possible revision (Lt L4-5 revision decompression): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed/8553119, valuation of lumbar spine fusion.

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

Decision rationale: The ODG guidelines in the overview of common surgical recommendations note that fusion is recommended for spondylolisthesis. The documentation for this patient does not show this to be present. Evidence of instability is not provided and why fusion inspection with possible revision is suggested is not explained. Therefore, the requested treatment: Fusion inspection with possible revision (LTL4-5 revision decompression) is not medically necessary and appropriate.

Associated Surgical Services: Back brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low back (updated 11/21/14) Back brace, post operative (fusion).

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated Surgical Services: (front wheel walker) FWW: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & Leg (updated 10/27/14), walking aids (canes, crutches, braces, orthoses, & walkers).

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated Surgical Services: 3;1 Commode: Upheld

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

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-operative Evaluation by an RN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low back (updated 11/21/14), Home health services.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated Surgical Services: Physical Therapy 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

APAP w codeine 300/30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration program, excessive pain behavior, establishing treatment plan Page(s): 30,33,35,76.

Decision rationale: The California MTUS guidelines note the wisdom of prescribing opioids under a treatment plan that fulfills several criteria. Has the worker's pain been identified as nociceptive or neuropathic? Evidence in the documentation does not show this question has been addressed. Has the patient been made part of a functional restoration program? Evidence in the documentation does not show this has been established. Have underlying psychological issues been identified and addressed? Evidence in the records does not show this. Thus, the requested treatment APAP w codeine 300/30 mg #60 is not medically necessary and appropriate.

Tramadol ER 150mg twice a day 60 refill x1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram; Ultram ER; generic available) synthetic opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steps to take before a therapeutic trial of opioids, opioids for chronic pain, opioids for neuropathic pain Page(s): 77, 84, 80,82.

Decision rationale: The California MTUS guidelines note the wisdom of prescribing opioids under a treatment plan that fulfills several criteria. Has the worker's pain been identified as nociceptive or neuropathic? Evidence in the documentation does not show this question has been addressed. Has the patient been made part of a functional restoration program? Evidence in the documentation does not show this has been established. Have underlying psychological issues been identified and addressed? Evidence in the records does not show this. While the California MTUS guidelines note that opioid analgesics and tramadol have been suggested as a second line treatment alone or in combination with first line drugs, documentation does not show the use of the first line recommended medication for this worker. Moreover, opioids are not recommended in the treatment of headaches and there is no evidence to recommend one opioid over another. Treatment of chronic back pain with tramadol did not necessarily improve function. Thus, the requested treatment Tramadol 150ER twice a day 60 refill x 1 is not medically necessary and appropriate.

Zolpidem 10mg #30 at bedtime with refill x1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medications chapter-Zolpidem(Ambien).

Decision rationale: The ODG Guidelines recommend zolpidem as a sleep aid for the short-term (7-10 days). The requested treatment of Zolpidem 10 mg # 30 at bedtime with refill x1 exceeds the guidelines. The ODG guidelines also note that the medication may increase pain and depression over the long-term. Documentation does not show there has been any concern about this possibility. The guidelines note the sleeping pills can be habit-forming, and may impair function and memory. There is no evidence in documentation to show this has been addressed. Thus the requested treatment: Zolpidem 10 mg#30 at bedtime with refill x1 is not medically necessary and appropriate.

Re-evaluation within 6 weeks: 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) Office visits and opioids.

Decision rationale: The ODG guidelines note that office visits are recommended based on the individual and a review of the patient's concerns, signs, symptoms, clinical stability and reasonable physician judgment taking into account the workers medication schedule. The ODG guidelines do not recommend opioids except for short use of severe cases not to exceed 2 weeks. Thus, this requested treatment of re-evaluation within 6 weeks exceeds the guidelines. The documentation does not contain evidence to explain the physician's judgment for the six-week decision. Thus, this requested treatment: Re-evaluation within 6 weeks is not medically necessary and appropriate.