

Case Number:	CM15-0144041		
Date Assigned:	08/05/2015	Date of Injury:	05/31/2007
Decision Date:	09/29/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/24/2015

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: California
 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 56-year-old female, who sustained an industrial injury on May 31, 2007. She reported neck and back pain. The injured worker was diagnosed as having status post cervical fusion at cervical 5-6 in April 2008, possible pseudoarthrosis at the cervical fusion site, cervical radiculopathy, lumbar radiculopathy, lumbar disc herniations with neural foraminal narrowing, thoracic disc herniations and cervical disc herniations. Treatment to date has included diagnostic studies, radiographic imaging, cervical spine surgery in 2008, physical therapy, lumbar epidural steroid injections, medications and work restrictions. Currently, 6/23/15, the injured worker continues to report neck and back pain with associated sleep disruptions and right sided upper and lower extremity pain, tingling and numbness. The injured worker reported an industrial injury in 2007, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on May 28, 2015, revealed continued pain as noted. She rated her neck pain at 4 on a 1-10 scale and her back pain at 6 on a 1-10 scale. She reported the pain was severely affecting her quality of life. Evaluation on June 23, 2015, revealed continued neck and back pain reporting her overall pain is worsening over time. She reported she sleeps two hours at a time secondary to pain. It was noted she was waiting for authorization for lumbar surgery. She rated her neck pain at 6 on a 1-10 scale with 10 being the worst, her back pain at 7-8 on a 1-10 scale with 10 being the worst and her overall pain at 4-8 on a 1-10 scale with 10 being the worst. It was noted she had decreased cervical range of motion and decreased lumbar range of motion. Magnetic resonance imaging of the lumbar spine on September 9, 2014, was reported to reveal disc protrusion and moderate bilateral facet

arthropathy resulting in moderate to severe bilateral neural foraminal narrowing and mild impingement of the bilateral transiting sacral 1 nerves. Cervical x-ray revealed fusion hardware present at cervical 5-6 with possible pseudoarthrosis surrounding the hardware. Upper and lower limb Electrodiagnostic studies revealed no evidence of upper or lower extremity nerve entrapment, radiculopathy or peripheral neuropathy. She reported using Norco, Diazepam and Gabapentin daily and noted the medications reduced her pain by 50%. It was noted she last worked in 2007. It was noted the injured worker wished to proceed with surgical intervention as soon as possible. Surgical intervention of the lumbar spine with associated medical services and medications were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Microlumbar Decompression on the Right at L4-5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Discectomy/Laminectomy.

Decision rationale: CA MTUS/ACOEM Low back complaints, page 308-310 recommends surgical consideration for patients with persistent and severe sciatica and clinical evidence of nerve root compromise if symptoms persist after 4-6 weeks of conservative therapy. According to the ODG Low Back, discectomy/laminectomy criteria, discectomy is indicated for correlating distinct nerve root compromise with imaging studies. In this patient there are no notes documenting progressive symptoms or a clear lumbar radiculopathy or a formal imaging report of the lumbar spine in the 123 pages of records. Therefore, the guideline criteria have not been met and the request is not medically necessary.

Associated surgical service: medical clearance EKG: 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.

Associated surgical service: chest X-ray: 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.

Associated surgical service: lab (chem panel): 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.

Associated surgical service: lab (CBC): 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.

Associated surgical service: lab (UA): 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.

Associated surgical service: labs (APTTT, PT): 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.

Associated surgical service: labs (type and screen): 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.

Gabapentin 600mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin Page(s): 18.

Decision rationale: Per the CA MTUS Chronic Pain Treatment Guidelines page 18, Specific Anti-Epilepsy Drugs, Neurontin is indicated for diabetic painful neuropathy and postherpetic neuralgia and is considered first line treatment for neuropathic pain. In this case, the exam note from 5/28/15 does not demonstrate evidence neuropathic pain or demonstrate percentage of relief, the duration of relief, increase in function or increased activity. Therefore, the request is not medically necessary.

APAP/Codeine 300/30mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 5/28/15. Therefore, the request is not medically necessary.