

Case Number:	CM15-0164902		
Date Assigned:	09/02/2015	Date of Injury:	05/31/2012
Decision Date:	10/07/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/21/2015

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: Illinois, California, 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:

This injured worker is a 42-year-old female who sustained an industrial injury on 5/31/12. The mechanism of injury was not documented. Past surgical history was positive for bilateral laminectomy and foraminotomy at L4/5 on 11/26/96. She underwent medial branch blocks in 2013 and 2014, and L3/4 to L5/S1 rhizotomy in October 2014, and C5/6 medial branch block and rhizotomy in November 2014. The 6/2/15 lumbar spine CT scan documented levoscoliosis, 2 mm retrolisthesis at L2/3 and L3/4, grade 1 anterolisthesis at L5/S1, and mild to moderate foraminal narrowing from L2/3 to L5/S1, more significant on the left. The 6/22/15 treating physician report cited neck pain radiating down the right arm with numbness, and low back pain radiating down the lateral leg to the knee with occasional numbness to the foot. She was able to sit and stand for 30 minutes, and walk for 20 minutes. Current medications included Percocet and Soma, which were being prescribed by her primary care physician who was no longer willing to fill her medications. She stated that she would not be able to tolerate her pain or function at work or home without medications. Lumbar spine exam documented moderate to marked loss of lumbar range of motion, diminished left L4 and L5 dermatomal sensation, 4+/5 left and 5-/5 right lower extremity weakness, and positive left straight leg raise. Bilateral upper and lower extremity deep tendon reflexes were hyperreflexic with positive Hoffman's test bilaterally, 3-4 beats clonus on the right, 2-3 beats clonus on the left, and difficulty with rapid alternating movements. There was electrodiagnostic evidence of left L5/S1 radiculopathy versus peroneal neuropathy at the ankle. Imaging of the lumbar spine showed moderate to severe left L4/5 facet joint abnormality with possible pars defect at L4. The recommendation was for L4-S1

decompression, posterior fusion, and transforaminal lumbar interbody fusion based on the L5/S1 spondylolisthesis and L4/5 left facet arthropathy. There was severe fragmentation of the left L4/5 facet and spondylolisthesis at L5/S1. Authorization was requested for inpatient L4-S1 decompression, posterior fusion, and transforaminal lumbar interbody fusion, outpatient pain management consult to take over medication management, 6 sessions of acupuncture for the lumbar spine to decrease pain and increase function, and follow-up in 6 weeks. The 7/31/15 utilization review certified the request for inpatient L4-S1 decompression posterior spinal fusion, transforaminal lumbar interbody fusion, and a one-time outpatient pain management consults for post-operative pain control. The request for post-operative follow-up was considered standard procedure following spinal fusion and did not require prior approval or separate billing. The request for 6 additional acupuncture sessions was non-certified as it did not appear medically reasonable per guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Outpatient Follow-Up Appointment in 6 Weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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 & Lumbar & Thoracic: Office visits.

Decision rationale: The California MTUS does not specifically address office follow-up visits. The Official Disability Guidelines recommend evaluation and management office visits as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. A follow-up visit in 6 weeks for on-going treatment management by the primary treating physician with surgical authorization pending is reasonable and consistent with guidelines. Therefore, this request is medically necessary.

Associated Surgical Service: Outpatient 6 Sessions of Acupuncture for The Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The California MTUS acupuncture guidelines indicate that acupuncture may be used as an option when pain medication is reduced or not tolerated, and it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Guideline criteria have not been met. This injured

worker has been certified for lumbar spine surgery and for a pain management consultation for medication management. There is no indication that pain medication will be reduced or is not tolerated. Given the pending lumbar spine surgery, initiation of acupuncture is not warranted in the pre-operative period. There is no indication that the patient will be unable to perform post-op physical therapy exercise or treatment, or that post-operative pain management will be ineffective to currently warrant use post-operatively. Therefore, this request is not medically necessary.