

Case Number:	CM15-0183858		
Date Assigned:	09/30/2015	Date of Injury:	09/28/2013
Decision Date:	11/19/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/18/2015

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, Montana, California
 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 injured worker is a 60year old male, who sustained an industrial injury on 9-28-13. The injured worker is being treated for lumbar sprain-strain with multilevel disc protrusion with spinal stenosis with neuroforaminal stenosis bilaterally wit left sided radiculopathy. (MRI) magnetic resonance imaging of lumbar spine performed on 6-12-15 revealed minimal compression deformity of T12 vertebral body, L2-3, L3-5 and L4-5 posterior disc protrusion, and L5-S1 posterior disc bulge. Treatment to date has included oral medications including Hydrocodone 10-325mg and Ibuprofen 800mg; chiropractic treatments, physical therapy and activity modifications. On 8-6-15, the injured worker complains of a substantial for the worse with losing function in legs and difficulty walking with bilateral footdrop. Work status is noted to be modified duties. Physical exam performed on 8-6-15 was unchanged (last visit with this physician was one year ago). The treatment plan on 8-6-15 included surgical intervention including L2-5 instrumented fusion with decompression; the injured worker would like to think about it. On 8-27-15 a request for L2-5 TLIF, L2-5 PS-PSI, Percocet 10-325mg, Diazepam 5mg, surgical assistant, lumbar brace, external bone growth stimulator, 3 day inpatient stay, physical therapy 18 sessions and 1 box bandages was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

L2-L5 TLIF: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: California MTUS guidelines do recommend spinal fusion for fracture, dislocation and instability. Documentation does not provide evidence of the presence of these conditions. Therefore, the requested treatment: L2-L5 TLIF is not medically necessary and appropriate.

L2-L5 PSF/PSI: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: The California MTUS guidelines do recommend spinal fusion for fracture, dislocation and instability. Documentation does not provide evidence of the presence of these conditions. The California MTUS guidelines do recommend lumbar surgery if there is clear clinical, electrophysiological and imaging evidence of nerve impingement, which would correlate with severe, debilitating pain unresponsive to conservative management. Documentation does not verify the presence of this evidence. The requested treatment: L2-L5 PSF/PSI is not medically necessary and appropriate.

Diazepam 6mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: Diazepam is a Benzodiazepine. The California MTUS Chronic Pain Medical treatment guidelines do not recommend it for chronic use. Documentation does not provide information as to why the guidelines are not followed. The guidelines indicate there is a high risk of tolerance and dependency. The requested treatment: Diazepam 6mg #100 is not medically necessary and appropriate.

Percocet 10/325mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

Decision rationale: The California MTUS guidelines p.92 note that Oxycodone (Percocet) should initially be administered 2.5 to 5 mg every four to 6 hours. The guidelines p.78 further recommend that the lowest possible dose to gain effect should be chosen. Documentation does not provide evidence that this schedule was attempted. In the management of the patient receiving opioids, the guidelines also recommend the patient keep a diary and the provider monitor the patient for physical and psychosocial functionality and side effects. Documentation does not provide this evidence. The requested treatment oxycodone 10mg#100 is not medically necessary and appropriate.

Associated surgical services: Surgical Assistant: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Orthopedic Surgeons.

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: Lumbar brace: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability 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.

Associated surgical services: External bone growth stimulator: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability 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.

Associated surgical services: Three day inpatient stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability 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.

Associated surgical services: Physical therapy x18: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

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: One box island bandage: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability 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.