

Case Number:	CM15-0196547		
Date Assigned:	10/14/2015	Date of Injury:	03/28/2014
Decision Date:	12/01/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/06/2015

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 59 year old male, who sustained an industrial injury on 3-08-2014. The injured worker was being treated for lumbar spine disc degeneration, facet arthropathy, post laminectomy syndrome, severe stenosis at 1-2, 2-3 and 3-4, as well as disc degeneration, scoliosis and kyphosis. Past medical history included hypertension. Treatment to date has included diagnostics, physical therapy, epidural-facet injections (4-2014, 6-2014, and 1-2015), modified work, and medications. Currently (9-10-2015), the injured worker complains of continued back pain with leg pain and weakness. Pain was not numerically rated. Work status was modified. Function with activities of daily living was not described. Spinal exam was "relatively unchanged". Physical exam noted diffuse weakness, neurogenic claudication, and decreased sensation in "multiple muscle groups". He had pain with extension and rotation and "mild atrophy and severe restriction in range of motion secondary to pain". The treating physician documented "laminectomy in the past" in 2002, "unstable where he had the laminectomy," "stenotic above it", and "he has got a scoliosis and kyphosis". The treating physician noted he "has failed all conservative treatment". The Qualified Medical Evaluation (6-01-2015) noted "do not anticipate him reaching a permanent and stationary status prior to one year following the surgical procedure on his lumbar spine, which will include a fusion". Requests for Norco, Tramadol, and Lidoderm were noted since at least 3-2015 and Soma since at least 6-2015. Magnetic resonance imaging of the lumbar spine (10-28-2014) showed grade 1-2 retrolisthesis of L2 on L3, grade 1 anterolisthesis of L5 on S1, mild levoscoliosis of the lumbar spine, multi-level degenerative disc disease from L1-2 through L5-S1 with osteophyte formation with 2 refills, per CA MTUS (California Medical Treatment Utilization and

narrowing of intravertebral disc spaces, moderate posterior osteophyte-bulging disc complexes at multiple levels, indenting on the thecal sac and abutting on the emerging nerve roots, severe central canal stenosis at L2-3 secondary to retrolisthesis and hypertrophy of the posterior elements, mild central canal stenosis at L4-5 and L5-S1 secondary to bulging disc-posterior osteophyte complex and hypertrophy of the posterior elements, and moderate to severe foraminal and lateral recess narrowing from L3-4 to L5-S1. Failed medications were not specified. The treatment plan included a posterior lumbar interbody fusion at L5-S1 with laminectomy at L2-3, L3-4, L4-5 and L5-S1 with possible fusion with associated surgical services and medications, including Norco 10-325mg #120 with 1 refill, Lidoderm patch 5% #60 with 1 refill, Soma 350mg #120 and Tramadol 50mg #60 with 1 refill. On 9-25-2015, Utilization Review non-certified the requested surgical procedure and associated surgical services, and non-certified the requested Tramadol, Lidoderm patch, Norco, and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior lumbar interbody Fusion at L5-S1 with laminectomy at L2-3, L3-4, L4-5 and L5- S1 with possible fusion: Upheld

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

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 this. The radiologist's report of the MRI scan on 10/20/2014 does not document instability at levels of spondylolisthesis. The provider attests to 4mm at L5-S1 which is not mentioned. The requested treatment is not medically necessary and appropriate.

Associated Surgical Service: inpatient hospital stay (1-3 days): 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: Assistant surgeon: 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: In home physical therapy (8-sessions, 2 times a week for 4-weeks): 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: Home health aide 2-3 hours a day 2-3 times a week: 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: RN evaluation for wound check: 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: 3-in-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.

Associated Surgical Service: LSO back brace: 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: Outpatient physical therapy (8-sessions, 2-times a week fro 4-weeks): 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.

Pre-op clearance: 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.

Pre-op labs: CMP: 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.

Pre-op labs: PT/PTT: 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.

Pre-op labs: 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.

Pre-op labs: 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: 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: Walker: 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.

Norco 10/325mg #120 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, long-term assessment, Opioids, psychological intervention.

Decision rationale: The MTUS Chronic Pain Medical treatment guidelines recommend documenting the patient's pain and functional improvement and comparing this to baseline at each visit. Documentation does not show this compliance with no time or duration of activities noted. The guidelines also recommend psychological intervention with emphasis on non-opioid care. Guidelines also stress the smallest dose to obtain efficacy be emphasized. Such evidence is lacking. Documentation does not show this evidence. The requested treatment is not medically necessary and appropriate.

Lidoderm patch 5% #60 with one refill: Upheld

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) Medications Chapter-Lidoderm.

Decision rationale: Lidoderm (lidocaine patch) is not recommended by the ODG guidelines until after a trial of a first-line therapy which documentation does not confirm. Lidoderm is recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. Documentation does not show this evidence. (b) There should be evidence of a trial of first-line neuropathy medications (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Documentation does not show this. (c) This medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. The requested treatment is not medically necessary and appropriate.

Soma 350mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The California MTUS guidelines does not recommend carisoprodol for longer than 2-3 weeks. They note the side effects of psychological and physical dependence and withdrawal with acute discontinuation. Documentation does not include counseling about these problems. The requested treatment is not medically necessary and appropriate.

Tramadol 50mg #60 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment guidelines note Tramadol is not recommended as a first-line oral analgesic. They note the side effects of dizziness, nausea, constipation, headache, somnolence and increased risk of seizures if the patient is taking SSRIs and other opioids. Documentation shows the patient is prescribed the opioid Norco. Documentation does not provide evidence the patient is not having side effects. They note the recommended dose should not exceed 400mg/day. The requested treatment is not medically necessary and appropriate.