

Case Number:	CM15-0197378		
Date Assigned:	10/12/2015	Date of Injury:	06/05/2004
Decision Date:	11/25/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/07/2015

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: Minnesota, Florida

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 47 year old male, who sustained an industrial injury on June 5, 2004. He reported loss of consciousness and pain in his entire body. The injured worker was currently diagnosed as having lumbar discopathy with disc displacement and lumbar radiculopathy. Treatment to date has included medication, physical therapy and diagnostic studies. On September 8, 2015, the injured worker complained of low back pain radiating down both legs associated with numbness and tingling. He also complained of pain over the bilateral sacroiliac joints radiating across the lower back. He stated that he had insomnia secondary to chronic pain. He stated medications are helpful in alleviating some of his symptoms. Physical examination of the lumbar spine revealed tenderness to palpation over the lumbar paraspinal musculature and over the right sacroiliac joint. There was decreased range of motion secondary to pain and stiffness. Fabere-Patrick's test was positive. A recent MRI report was not submitted. The treatment plan included continuation of medications, Lunesta, Norco, interspinous fixation at L4-L5 and L5-S1, urine toxicology testing and a follow-up visit. On October 1, 2015, utilization review denied a request for interspinous fixation at L4-L5 and L5-S1 and on site collection-off site confirmatory analysis using high complexity laboratory test protocols including GC-MS LC-MS and Elisa technology. A request for one prescription of Lunesta 2mg #30 was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: On Site Collection/Off Site Confirmatory Analysis using high complexity laboratory test protocols including GC/MS LC/MS and Elisa Technology:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation ODG: Section: Pain, Topic: Urine drug testing.

Decision rationale: With regard to the request for high complexity laboratory tests protocols for urine drug screen including GC/MS, LC/MS, and Elisa technology the guidelines indicate frequent random urine drug screens for patients taking opiate therapy to avoid misuse or abuse. The documentation submitted indicates that the injured worker is no longer a candidate for continued use of Norco and it was previously noncertified by UR and upheld on IMR. There were no indications of drug abuse or misuse or aberrant drug behaviors. ODG guidelines recommend drug testing within 6 months of initiation of opioid therapy and on a yearly basis thereafter for patients at low risk of addiction, 2-3 times a year for patients at moderate risk and once a month for patients at high risk. There is no documentation that the patient is currently at moderate or high risk. As such, the request for offsite confirmatory analysis using high complexity laboratory tests protocols is not supported and the medical necessity of the request has not been substantiated.

Interspinous Fixation at L4-L5 and L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Lumbar & Thoracic: Fusion (2015).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation ODG: Section: Low Back, Topic: Interspinous decompression device (X-stop).

Decision rationale: The injured worker is a 47-year-old male with a date of injury of 6/5/2004. Progress notes dated 9/8/2015 document low back pain with radiation to both lower extremities associated with numbness and tingling, pain over the sacroiliac joints radiating across the lower back and neck pain radiating down the left upper extremity. On examination there was tenderness in the lumbar paraspinals, decreased range of motion due to pain and stiffness, tenderness over the right sacroiliac joint, positive Patrick test, 5/5 motor strength in the lower extremities and decreased sensation in the right S1 distribution. Deep tendon reflexes were 1+ and symmetrical in both upper and lower extremities. The diagnosis was lumbar discopathy with disc displacement and radiculopathy. California MTUS guidelines indicate surgical considerations for severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs

of neural compromise, activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms, clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair, and failure of conservative treatment to resolve disabling radicular symptoms. With regard to spinal fusion, the guidelines state that there is no scientific evidence about long-term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with natural history, placebo, or conservative treatment. There is no good evidence from controlled trials the spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. ODG guidelines do not recommend the interspinous decompression device (X-stop) over decompressive surgery (laminectomy) which is the gold standard for lumbar spinal stenosis because the failure rate of X stop is much higher (above 30% compared to 3%), while cause are higher as well. It may be an option in shared decision making for patients choosing to try a simpler alternative hoping to avoid open surgery, assuming the less invasive X-Stop procedure does not fail. In this case, there is no spinal stenosis documented. The request as stated is for interspinous fixation and not interspinous decompression. However, California MTUS or ODG guidelines do not recommend fusion for the indication for which the procedure is requested. As such, the medical necessity of the requested procedure has not been substantiated.