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| Case Number: | CM15-0204951 | | |
| Date Assigned: | 10/21/2015 | Date of Injury: | 12/23/2013 |
| Decision Date: | 12/07/2015 | UR Denial Date: | 10/05/2015 |
| Priority: | Standard | Application Received: | 10/19/2015 |

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:

This 45 year old man sustained an industrial injury on 12-23-2013. Diagnoses include acute low back pain with lumbar radiculopathy, right lower extremity radiculitis, bladder and bowel incontinence due to spine pathology, right knee degenerative joint disease, bilateral knee contractures, right hip pain rule out degenerative joint disease, left shoulder impingement syndrome with full thickness rotator cuff tear. Treatment has included oral medications. Physician notes dated 9-21-2015 show complaints of low back pain and bilateral lower extremity weakness. The physical examination shows antalgic gait, use of a wheelchair, 4 out of 5 strength in the bilateral lower extremities, L4 and L5 deep tendon reflexes are absent in the bilateral knees and ankles. Left shoulder and right hip tenderness is noted. Recommendations include lumbar spine surgery, car modifications, stair lift for home use, Diclofenac, Omeprazole, and follow up in one month. Utilization Review denied requests for lumbar spine surgery, Diclofenac XR, Omeprazole, and stair lift for home use on 10-5-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine surgery: 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: The California MTUS guidelines do recommend lumbar surgery if there is clear clinical, electrophysiological and imaging evidence of specific nerve root or spinal cord level of impingement, which would correlate with severe, persistent debilitating lower extremity pain unresponsive to conservative management. Documentation does not provide this evidence. This patient underwent lumbar surgery on 9/15&16/14. Documentation does not describe the procedure or the status of the patient's urological capacity pre and post op. Despite the MTUS recommendations that psychological assessments be accomplished in patients undergoing complex spinal surgery, no documentation is found to address these concerns. Documentation does not mention any attention to impotence or the electro-neurophysiological status of his cauda equina. The requested treatment: Lumbar spine surgery is not medically necessary and appropriate.

Diclofenac XR 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain - Diclofenac - NSAIDs, specific drug list and adverse effects.

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

Decision rationale: The California MTUS guidelines note that diclofenac may be prescribed at 50 and 75 mg doses. They note the higher level may be less effective in ulcer prevention. The guidelines do not recommend doses greater than 150mg per day. The requested treatment: Diclofenac XR 100mg #6 is not medically necessary and appropriate because it does not comply with the guidelines.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Proton pump inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Omeprazole is a proton pump inhibitor and is used in ulcer prophylaxis. The MTUS guidelines do recommend its use if the patient has a history of gastrointestinal events and is at risk. Documentation does not provide information about these risks. The requested treatment: Omeprazole 20mg #6 is not medically necessary and appropriate.

Associated surgical service: Stair lift for home use: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Medical Policy number 0459 - Non-covered lifts.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip replacement chapter-Home health services.

Decision rationale: The ODG guidelines note that when medical treatment is prescribed for patients at home, then these treatments would be recommended. The home modification of a stair lift is not a medical treatment. Thus while its use in the home would meet patient satisfaction, it would not be medically necessary. The requested treatment: Associated surgical service: Stair lift for home use is not medically necessary and appropriate.