MAXIMUS Federal Services

Case Number:	CM15-0028637		
Date Assigned:	02/20/2015	Date of Injury:	12/20/2011
Decision Date:	03/31/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/17/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 male injured worker suffered and industrial injury on 12/20/2011. The diagnoses were lumbar radiculopathy and chronic pain syndrome. The treatments were lumbar laminectomy and medications. The treating provider reported increase in low back pain 4/10 and right leg symptoms. The pain extended to the buttocks, right worse than left with numbness radiating to the right lower extremity with decreased sensation. On exam the gait is impaired with moderate tenderness to the lumbar muscles with decreased range of motion. The Utilization Review Determination on 1/20/2015 non-certified: Orthopedic Outpatient follow-up, citing MTUS, ACOEM; CT Discogram of the lumbar spine, citing ODG, Tramadol/APAP 37.5/325mg #60, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Outpatient follow-up: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Independent Medical Examinations and Consultations, page 127.

Decision rationale: Guidelines state office visits and follow-ups are determined to be medically necessary and play a critical role in the proper diagnosis and treatment based on the patient's concerns, signs and symptoms, clinical stability along with monitoring of medications and medical conditions. Determination of necessity requires individualized case review and assessment with focus on return to function of the injured worker. Submitted reports have adequately demonstrated continued symptoms and findings to allow for follow-up intervention and care from the provider as indicated to achieve eventual independence from medical utilization. The Orthopedic Outpatient follow-up is medically necessary and appropriate.

CT Discogram of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Chapter, Discography

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Low Back Chapter, Lumbar Discography, pages 304-305.

Decision rationale: Per Guidelines for CT Lumbar Discogram, recent studies on diskography do not support its use as a preoperative indication for either intradiskal electrothermal (IDET) annuloplasty or fusion as it does not identify the symptomatic high intensity zone, and concordance of symptoms with the disk injected is of limited diagnostic value (common in non-back issue patients, inaccurate if chronic or abnormal psychosocial tests), and it can produce significant symptoms in controls more than a year later. However, Diskography may be used where fusion is a realistic consideration, and despite the lack of strong medical evidence supporting it, diskography should be reserved only for patients who meet the criteria to include failure of conservative treatment, candidacy for lumbar fusion from instability, and cleared detailed psychosocial assessment, of which has not been demonstrated from the submitted reports. Submitted reports have not adequately demonstrated support for the discogram outside the recommendations of the guidelines. The CT Discogram of the lumbar spine is not medically necessary and appropriate.

Tramadol/APAP 37.5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opoids, page(s) 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be

reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Tramadol/APAP 37.5/325mg #60 is not medically necessary and appropriate.