

Case Number:	CM15-0034088		
Date Assigned:	03/02/2015	Date of Injury:	01/31/2013
Decision Date:	05/01/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/24/2015

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: Pediatrics, 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 58-year-old female who reported injury on 01/31/2013. The mechanism of injury was the injured worker lifted a heavy garbage bag out of a can and felt a twinge in the low back. The official MRI dated 12/02/2014 revealed the injured worker had mild disc bulges. At L4-5 there was ligamentum flavum and facet joint hypertrophy with mild bilateral recess narrowing. There was possible encroachment on the mass on the right of L5-S1 neural foramen. The injured worker was noted to have within the upper sacrum primarily at the S1 and S2 levels and extending into the right sacral ala an expansile mass measuring 7.4 cm x 8.1 cm by 7.3 cm. The documentation indicated this expansile mass may reflect a metastatic lesion or a primary sacral mass. The EMG revealed chronic right L5 radiculopathy. The documentation of 12/05/2014 revealed the injured worker had lumbar range of motion that was severely limited due to limited effort caused by pain. The injured worker had tenderness in the right lumbosacral region. The injured worker had weakness of the right EHL and right anterior tibialis at 4/5. The injured worker had decreased sensation in the right L5-S1 dermatomes. The treatment plan included that the injured worker had an MRI of the lumbar spine revealing a right sided L5-S1 and L4-5 disc protrusion causing nerve impingement of the right L5 and S1 nerve roots. The recommendation was for a right L4-5 and L5-S1 laminectomy and discectomy for decompression of the right L5 and S1 nerve roots. Additionally, the treatment plan included Norco 10/325 mg, Flexeril 10 mg 3 times a day #90, and Voltaren 100 mg by mouth twice a day #60. The documentation of 12/22/2014 revealed the injured worker had pain in the low back radiating into the right leg and the injured worker was noted to be tearful. The physical

examination revealed tenderness in the right lumbosacral region. Lumbar spine range of motion was severely limited due to limited effort caused by pain. The injured worker had weakness in the right EHL and right anterior tibialis and strength was 4/5. The injured worker had decreased sensation in the right L5 and S1 dermatomes, a positive straight leg raise on the right for radicular pain. The injured worker had a positive supine straight leg raise at 60 degrees on the right for radicular pain. Reflex examination revealed ¼ in the bilateral upper and lower extremities. The diagnoses included lumbar sprain, lumbar facet hypertrophy and lumbar facet hypertrophy. The documentation indicated the injured worker had 12 sessions of therapy. Additionally, per the MRI of the lumbar spine the physician documented there was noted to be an expansive destructive mass in the upper sacrum. The recommendation was for an urgent CT of the abdomen and pelvis for further evaluation of the mass.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 and L5-S1 laminectomy and discectomy for decompression of right L5 and S1 nerve roots: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Indications for Surgery - Discectomy/laminectomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: The American College of Occupational and Environmental Medicine indicate a surgical consultation may be appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies preferably with accompanying objective signs of neural compromise. There should be documentation of activity limitations due to radiating leg pain for more than 1 month or the extreme progression of lower leg symptoms, and 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 documentation of a failure of conservative treatment to resolve disabling radicular symptoms. The clinical documentation submitted for review indicated the injured worker had decreased sensation in the right L5-S1 dermatomes. The physiologic evidence supported L4 nerve root involvement. Additionally, the MRI of the lumbar spine indicated nerve impingement of the right L5 and S1 nerve roots, which correlate with examination findings to support the need for surgical intervention. Given the above, the request for L4-L5 and L5-S1 laminectomy and discectomy for decompression of right L5 and S1 nerve roots is medically necessary.

Psychiatric evaluation and treatment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101-102.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend consideration of a psych consult if there is evidence of depression, anxiety or irritability. The clinical documentation submitted for review indicated the injured worker was crying in the office. This would support the necessity for a psychiatric evaluation. However, the decision for treatment could not be decided without the evaluation. As such, the request would be considered excessive. Given the above, the request for psychiatric evaluation and treatment is not medically necessary.

Pre-operative labs, CBC, BMP, PT, PTT, UA: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Preoperative Testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Preoperative lab testing.

Decision rationale: The Official Disability indicates that the decision to order preoperative tests should be guided by the injured worker's clinical history, comorbidities, and physical examination findings. The criteria for ordering preoperative lab testing include that for a complete blood count is indicated for injured workers with diseases that increase the risk of anemia or injured workers in whom significant perioperative blood loss is anticipated. Electrolyte and creatinine testing should be performed in injured workers with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure. Coagulation studies are reserved for injured workers with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants. A preoperative urinalysis is recommended for injured workers undergoing invasive urologic procedures and those undergoing implantation of foreign material. Due to the injured worker's age and complexity of the procedure, this request would be supported. The request for Pre-operative labs, CBC, BMP, PT, PTT, and UA is medically necessary.

Pre-operative EKG, chest x-rays: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Preoperative Testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative electrocardiogram (ECG), Preoperative Testing, General.

Decision rationale: The Official Disability Guidelines indicate that EKGs are recommended for injured workers undergoing intermediate risk surgery, which includes orthopedic surgery that is non-ambulatory. This portion of the request would be supported. The Official Disability Guidelines indicate that chest radiography is reasonable for injured workers at risk of postoperative pulmonary complications if the results would change perioperative management. Due to the injured worker's age and complexity of the procedure, this request would be supported. Given the above the request for Pre-operative EKG, chest x-rays is medically necessary.

Voltaren 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend NSAIDS for the short-term symptomatic relief of low back pain. It is recommended that the lowest dose be used for all NSAIDS for the shortest duration of time that is consistent with the individual injured worker treatment goals. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. There was a lack of documentation of objective functional improvement and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Voltaren 100 mg #60 is not medically necessary.

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of an objective functional improvement, an objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide documentation the injured worker was being monitored for aberrant drug behavior and side effects. There was a lack of documentation of objective functional improvement and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 10/325 mg is not medically necessary.

Flexeril 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute low back pain. Their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had been on the medication for an extended duration of time. There was a lack of documentation of objective functional improvement. This medication would not be supported. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Flexeril 10 mg #90 is not medically necessary.