MAXIMUS Federal Services

Case Number:	CM15-0035426		
Date Assigned:	03/03/2015	Date of Injury:	07/30/2013
Decision Date:	05/08/2015	UR Denial Date:	02/06/2015
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: Oregon, 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 52-year-old female who reported an injury on 07/30/2013. The mechanism of injury was being hit in the back by a student. Her diagnoses were noted as cervicalgia, lumbar disc protrusion, lumbar facet hypertrophy, right shoulder sprain/strain, left shoulder impingement syndrome, other musculoskeletal symptoms referable to limbs, and anxiety. Her past treatments were noted to include medication, injection, a walker, facet blocks, and activity modification. Her diagnostic studies were noted to include an official MRI of the lumbar spine performed on 05/12/2014, which was noted to reveal spondylosis at L5-S1, endplate sclerotic changes seen within the inferior endplate of L5 and superior endplate of S1, disc desiccation noted at L5-S1. During the assessment on 02/18/2015, the injured worker complained of cervical, thoracic, lumbar spine pain, and bilateral shoulder pain. She described the cervical spine pain as sharp, stiffness, numbness, tingling, and weakness. She described the thoracic spine pain as constant throbbing in the upper/mid back, with numbness and weakness. She described the lumbar spine pain as constant, severe, achy, sharp, throbbing, burning low back pain with stiffness, tingling, weakness, and cramping. She described the right shoulder pain as constant, moderate, achy, sharp, stabbing, throbbing right shoulder pain with stiffness, heaviness, numbness, and tingling. She described the left shoulder pain as constant, throbbing left shoulder pain with stiffness, tingling, and weakness with muscle spasms. The physical examination of the lumbar spine revealed the injured worker walked with an antalgic gait with the use of a cane. The injured worker was not able to perform range of motion testing, as pain had gotten worse since the last visit. The range of motion testing revealed flexion 50 degrees/60

degrees, extension 20 degrees/25 degrees, and left and right lateral bending of 20 degrees/25 degrees. It was noted that the Kemp's testing and the straight leg raise caused pain bilaterally. The current medication list was not provided. The treatment plan was to request authorization for physical therapy, acupuncture, shockwave treatment, and neurological evaluation for lumbar spine and cervical spine pain. The rationale for the request was not provided. The Request for Authorization form was dated 02/16/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-S1 outpatient minimally invasive percutaneous diskectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

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, Discectomy/ laminectomy.

Decision rationale: The request for decision for L4-S1 outpatient minimally invasive percutaneous discectomy is not medically necessary. The Official Disability Guidelines indicate that surgical discectomy for carefully selected patients with radiculopathy due to lumbar disc prolapse provides faster relief from the acute attack than conservative management, although any positive or negative effects on the lifetime natural history of the underlying disc disease are still unclear. The indications for surgery include: L4, L5, and S1 nerve root compression, with severe unilateral quadriceps/anterior tibialis weakness/mild atrophy; mild to moderate unilateral quadriceps/anterior tibialis weakness; and unilateral hip/thigh/knee/medial pain and buttock/posterior thigh and calf pain. There must also be positive imaging findings of nerve root compression, lateral disc rupture, lateral recess stenosis, found on MRI. There must also be documentation that the patient attempted activity modification, NSAID drug therapy, other analgesic therapy, muscle relaxants, or epidural steroid injections. There must also be a supported provide referral from either physical therapy, massage therapy, psychological screening, or back school. As the injured worker does not meet any of the above criteria for surgical intervention, the request is not medically necessary.

Post-operative Physical Therapy 3 x3: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: The request for decision for postoperative physical therapy 3x3 is not medically necessary. The California MTUS Guidelines recommend up to 16 visits over 8 weeks for postsurgical treatment following discectomy/laminectomy. However, the requested surgical

intervention was found not medically necessary at this time. As such, the request for postoperative physical therapy is also not supported. Given the above, the request is not medically necessary.

Norco 10/325 #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The request for Norco 10/325 mg #120 is not medically necessary. The California MTUS Guidelines state that ongoing management of opioid use should include documentation of pain relief, functional status, side effects, and appropriate medication use, with use of random drug screen as needed to verify compliance. There was no quantified information regarding pain relief. There was a lack of documentation regarding adverse effects and evidence of consistent results on urine drug screens to verify appropriate medication use. Given the above, the request is not medically necessary.

Zanaflex 4mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66.

Decision rationale: The request for Zanaflex 4 mg #60 is not medically necessary. The California MTUS Guidelines recommend muscle relaxants as a second line option in the short-term treatment for acute low back pain, and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review provided evidence that the injured worker had been on this medication for an extended duration of time, and there was a lack of documentation of objective improvement. As such, the ongoing use is not supported. Given the above, the request is not medically necessary.