

Case Number:	CM15-0066605		
Date Assigned:	04/14/2015	Date of Injury:	09/26/2013
Decision Date:	07/16/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/08/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 (IW) is a 30 year old male who sustained an industrial injury on 09/26/2013. The mechanism of injury and initial report are not found in the records reviewed. The injured worker was diagnosed as having lumbosacral spondylosis without myelopathy, and degeneration of lumbar or lumbosacral intervertebral disc. Treatment to date has included medications, chiropractic care, and a lumbar epidural steroid injection (which provided pain relief for two months). Currently, the injured worker complains of severe back pain, and bilateral leg pain. The worker states his back pain is severe, rating an 8/10 without medications and a 4/10 with medications. With medication, he can walk, sit and stand better and is able to perform light housework. Exam of the lumbar spine reveals spasm. There is tenderness to palpation over the facet joints and decreased sensation in the L4-S1 dermatomes bilaterally. There is a positive straight leg raise bilaterally at 60 degrees. Diagnostic MRI studies of the lumbar spine from 02/09/2015 reveal a 3mm central posterior disc protrusion with compromise of traversing nerve roots, bilateral acquired foraminal stenosis, and compromise of the existing nerve roots bilaterally at L4-L5, and a 3-4 mm posterior disc bulge with bilateral acquired foraminal stenosis and compromise of the existing nerve roots bilaterally at L5-S1. The treatment plan is for continuation of his medications, continued home exercise program; request a lumbar spine corset, request Anterior Spinal Fusion/Posterior Spinal Fusion, and administration of a Toradol injection. He is to return to the clinic in six weeks. The worker is a candidate for lumbosacral fusion surgery. Requests for authorization are made for 1. Lumbar Spine Corset and 2. Norco 10/325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine Corset: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (Lumbar and Thoracic), Lumbar Support.

Decision rationale: ACOEM states, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ODG states, "Not recommended for prevention. Recommended as an option for treatment. See below for indications. Prevention: Not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. Lumbar supports do not prevent LBP. (Kinkade, 2007) A systematic review on preventing episodes of back problems found strong, consistent evidence that exercise interventions are effective and other interventions not effective, including stress management, shoe inserts, back supports, ergonomic/back education, and reduced lifting programs. (Bigos, 2009) This systematic review concluded that there is moderate evidence that lumbar supports are no more effective than doing nothing in preventing low-back pain. (van Duijvenbode, 2008)." ODG states for use as a "Treatment: Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option)." The patient is well beyond the acute phase of treatment and the treating physician has provided no documentation of spondylolisthesis or documented instability. As such, the request for Lumbar Spine Corset is not medically necessary.

Norco 10/325mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain.

Decision rationale: ODG does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician fully documents the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function and improved quality of life. As such, the request for Norco 10/325mg #90 is medically necessary.