

Case Number:	CM13-0033672		
Date Assigned:	12/06/2013	Date of Injury:	05/01/2011
Decision Date:	09/19/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/10/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in Montana. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 has a date of injury of 5/1/11. The injury has resulted in chronic low back pain and left leg pain, numbness and tingling, and weakness extending to the left foot. He is only taking Hydrocodone for chronic pain. The primary treating physician has noted that the Hydrocodone is required to allow him to function. Additional treatment has included 24 physical therapy visits, 8 chiropractic visits, acupuncture and epidural steroid injections. These modalities have all resulted in only temporary relief. Lumbar MRI would show moderate left-sided neuroforaminal narrowing at L4-5. There was mild to moderate neuroforaminal narrowing on the left side at L5-S1. His diagnosis is low back pain with left lumbar radiculopathy and lumbar disc herniation at L4-5 and L5-S1 with moderate left neuroforaminal narrowing. The primary treating physician has requested microlumbar decompression on the left at L4-5 and L5-S1, postoperative chiropractic therapy, dermatology consultation and Hydrocodone/APAP 10/325 #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

MICROLUMBAR DECOMPRESSION AT LEFT L4-L5 AND L5-S1 OF THE LUMBAR SPINE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Decompression, Microdiscectomy.

Decision rationale: The MTUS states that microdiscectomy for herniated disc is a recommended surgical option in patients with persistent and severe sciatica and clinical evidence of nerve root compression, if symptoms persist after 4-6 weeks of conservative therapy. The ODG Guidelines also note that decompression is a surgical procedure that is performed to alleviate pain caused by pinched nerves (neural impingement). There are two common types of spine surgery decompression procedures: Microdiscectomy or Open decompression. Microdiscectomy is a recommended procedure. Standard discectomy and microdiscectomy are of similar efficacy in treatment of herniated disc. In this case the medical records document progressive worsening of the left radicular complaints between March and September 2013. Conservative therapy has been aggressively pursued for greater than 4-6 weeks via multiple treatment methods. Moderate foraminal narrowing has been documented on imaging studies. The criteria for microlumbar decompression in the NMTUS and ODG guidelines appear to be satisfied. For these reasons I am reversing the prior UR decision. Microlumbar decompression at left L4-5 and L5-S1 of the lumbar spine is medically necessary.

POST-OPERATIVE CHIROPRACTIC THERAPY FOR THE LUMBAR SPINE (2 TIMES PER WEEK FOR 6 WEEKS): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58-59.

Decision rationale: The MTUS states that manual therapy and manipulation, which includes chiropractic treatment, is recommended for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves the joint beyond the physiologic range of motion but not beyond the anatomic range of motion. For the low back, manual therapy and manipulation is recommended therapeutically with a trial of 6 visits over 2 weeks with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. For elective/maintenance care it is not medically necessary. For recurrences/flare-ups there is a need to reevaluate treatment success. If return to work is achieved, then 1-2 visits every 4-6 months are recommended. The MTUS does not address chiropractic treatment in the postoperative period. The request for postoperative chiropractic therapy for the lumbar spine 2 times a week for 6 weeks is not medically necessary.

DERMATOLOGY CONSULTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, Independent Medical Examinations and Consultations, page 127.

Decision rationale: The ACOEM guidelines notes that the practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. The consultation service to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. In this case the medical records document a diffuse rash on both upper and lower extremities. There is no indication that the primary treating physician has attempted to any type of treatment. Another primary care provider did diagnose dermatitis but did not provide any specific treatment. The diagnosis does not appear to be uncertain or extremely complex. The request for dermatology consultation is not medically necessary.

HYDROCODONE/APAP 10/325MG #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 79-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids, hydrocodone Page(s): 76,77,78,80.

Decision rationale: Hydrocodone/APAP is an opioid analgesic combined acetaminophen. The MTUS notes that the maximum dose of Hydrocodone is 60 mg in 24 hours. It states that opioids are not recommended as first line therapy for neuropathic pain. Opioids are suggested for neuropathic pain that has not responded to first line recommendations including antidepressants and anticonvulsants. The MTUS states that reasonable alternatives to opioid use should be attempted. There should be a trial of non-opioid analgesics. When subjective complaints do not correlate with clinical studies a second opinion with a pain specialist and a psychological assessment should be obtained. Ongoing management requires that the lowest possible dose should be prescribed to improve pain and function. The provider should document current pain, reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. The patient should be requested to keep a pain diary. In this case the pain appears to be neuropathic in origin. There are no trials of long-term use for neuropathic pain. There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant neuropathy. In this case the primary treating physician has not documented the actual daily dose in the medical records

provided. The records do not show that there has been a trial of first-line agents including antidepressants and anticonvulsants. Without adequate documentation of the treatment regimen and the patient's response to that treatment, the request for Hydrocodone/APAP 10/325 mg #45 not medically necessary.