MAXIMUS Federal Services

Case Number:	CM14-0218500		
Date Assigned:	01/08/2015	Date of Injury:	06/05/2004
Decision Date:	03/17/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	12/30/2014

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: Orthopedic 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:

This 46 year old male sustained an industrial related injury on 06/05/2004. Per the most recent progress report (PR) prior to the request (11/29/2014), the injured worker's subjective complaints included persistent and residual pain in the lumbar spine over the bilateral sacroiliac joints that radiated to both lower extremities with numbness and tingling. Pain was aggravated by twisting, bending and direct pressure over the sacroiliac joints. Objective findings included a well healed incision with noted tenderness in the lumbar paraspinal musculature, decreased range of motion (ROM) secondary to pain and stiffness, tenderness over the right sacroiliac joint with positive FABERE and Patrick test, and positive straight leg raises in the right lower extremity at 20 in the supine position. Sensory exam showed diminished light touch and pinprick in the right S1 dermatome distribution. Current diagnoses included lumbar discopathy with disc displacement, lumbar radiculopathy, and bilateral sacroiliac arthropathy. There were no recent diagnostic testing results noted. Treatment to date has included medications and a lumbar discectomy (date unknown). The posterior lumbar interbody fusion with pedicle screw fixation at the L4-L5, L5-S1 and SI joint fixation with arthrodesis was requested for the treatment of unstable stenotic segments. The Norco and Ultram were requested for the treatment of ongoing pain in the lumbar region. The Prilosec was requested for increased risk of gastric symptoms with the use of NSAIDs. Recent treatments included medications. The injured worker reported pain was unchanged. Functional deficits and activities of daily living were unchanged. The injured worker's work status remained temporarily totally disabled. Dependency on medical care was unchanged.On 12/23/2014, Utilization Review non-certified a request for 1 posterior lumbar

interbody fusion with pedicle screw fixation at the L4-L5, L5-S1 and SI joint fixation with arthrodesis, noting the absence of evidence that the injured worker exhibited spinal instability and the absence of evidence that the injured worker had participated in pre-operative active rehabilitation program. The ACOEM and ODG were cited.On 12/23/2014, Utilization Review modified a request for Norco 10/325 mg #120 to Norco 10/325 mg #30, noting the absence of clinical evidence of a decrease in pain, improvement in function or return to work. The MTUS Chronic Pain guidelines were cited.On 12/23/2014, Utilization Review non-certified a request for Ultram ER 150 mg #90, noting the absence of clinical evidence of a decrease in pain, improvement in function or return to work. The MTUS Chronic Pain guidelines were cited.On 12/23/2014, Utilization Review non-certified a request for Prilosec 20 mg #90, noting the absence of gastric symptoms, history of gastric disease, age greater than 65, and the absence of a high dose NSAID or multiple NSAIDs. The MTUS Chronic Pain guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) posterior lumbar interbody fusion with pedicle screw fixation at L4-L5 and L5-S1 and SI joint fixation with arthrodesis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Fusion

Decision rationale: The ACOEM Guidelines Chapter 12 Low Back Complaints page 307 state that lumbar fusion, "Except for cases of trauma-related spinal fracture or dislocation, fusion of the spine is not usually considered during the first three months of symptoms. Patients with increased spinal instability (not work-related) after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion."According to the ODG, Low back, Fusion (spinal) should be considered for 6 months of symptom. Indications for fusion include neural arch defect, segmental instability with movement of more than 4.5 mm, revision surgery where functional gains are anticipated, infection, tumor, deformity and after a third disc herniation.In addition, ODG states, there is a lack of support for fusion for mechanical low back pain for subjects with failure to participate effectively in active rehab pre-op, total disability over 6 months, active psych diagnosis, and narcotic dependence.In this particular patient the exam note of 11/29/14 demonstrates lack of medical necessity for lumbar fusion as there is no evidence of segmental instability greater than 4.5 mm or psychiatric clearance to warrant fusion. Therefore the determination is non-certification for lumbar fusion.

Norco 10/325 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. The patient has no demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 11/29/14. Therefore the determination is for non-certification.

Ultram ER 150 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 93-94.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines pages 93-94, Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is indicated for moderate to severe pain. Tramadol is considered a second line agent when first line agents such as NSAIDs fail. There is insufficient evidence in the records of 11/29/14 of failure of primary over the counter non-steroids or moderate to severe pain to warrant Tramadol. Therefore use of Tramadol is not medically necessary and it is noncertified.

Prilosec 20 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Prilosec Page(s): 68.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines, page 68, recommendation for Prilosec is for patients with risk factors for gastrointestinal events. The cited records from 11/29/14 do not demonstrate that the patient is at risk for gastrointestinal events. Therefore determination is for non-certification for the requested Prilosec.