

Case Number:	CM15-0122572		
Date Assigned:	07/06/2015	Date of Injury:	06/26/1997
Decision Date:	08/04/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/24/2015

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: Illinois, California, Texas
 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 injured worker is a 57-year-old female who sustained an industrial injury on 06/26/97. Injury occurred as a result of striking her knee on a desk. She was status post IDET procedure, date unknown. Past surgical history was also positive for left knee replacement and revision arthroplasty. Conservative treatment included Robaxin (since at least 12/19/14), Oxycodone, 9 lumbar epidural steroid injections, and physical therapy. The 5/4/15 neurosurgical report cited increasing low back pain extending to the legs, particularly on the left. The injured worker had previously been recommended for lumbar laminectomy and fusion at L4/5. She had failed continued conservative measures. Physical exam documented pain-modified weakness particularly on the left essentially with all actions tested. A new MRI was recommended but was not going to show improvement of her degenerative disease. The treatment plan recommended surgical intervention. The 5/26/15 lumbar spine MRI impression documented moderate bilateral neuroforaminal narrowing at L4/5 where there was severe loss of disc height, extension endplate edema on both sides of the disc space, a 4 mm circumference disc osteophyte complex, moderate facet joint osteoarthritis, and ligamentum flavum thickening. There was no spinal canal or lateral recess stenosis. At L2/3, there was moderate right and mild left facet joint osteoarthritis. At L3/4, there was a 1 mm broad-based posterior disc protrusion, moderate right and mild left facet joint osteoarthritis, and ligamentum flavum thickening. At L5/S1, there was a 2 mm broad-based posterior disc protrusion eccentric to the right with associated annular fissuring, moderate left facet joint osteoarthritis, and ligamentum flavum thickening. The 5/29/15 pain management report documented grade 9.5/10 pain without medications, and 8/10 with medications. The

quality of sleep is poor and activity levels were unchanged. Current medications included Wellbutrin, Oxycodone, Robaxin, Ambien, and Meclizine. Lumbar spine exam documented restricted flexion/extension, positive lumbar facet loading bilaterally, antalgic gait, and negative straight leg raise. Neurologic exam documented motor testing limited by pain, patchy sensation, and decreased patellar reflex bilaterally. The injured worker was noted to be pending left shoulder rotator cuff repair surgery. The treatment plan recommended continued Robaxin, and prescribed Robaxin 500 mg #60. Authorization was requested for laminectomy and fusion at L4/5, inpatient stay 2-3 days, and Robaxin 500 mg #60. The 6/8/15 utilization review non-certified the request for laminectomy and fusion at L4/5 and the associated inpatient stay based on a lack of spinal instability or progressive neurologic deficit. The 6/8/15 utilization review non-certified the request for Robaxin 500 mg #60 as the spine surgeon had no independent knowledge of this injured workers continued use of Robaxin and does not prescribe this medication, and chronic use is not supported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for pain Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): s 63-65.

Decision rationale: The California MTUS recommends the use of non-sedating muscle relaxants, like Robaxin, with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic lower back pain. In most lower back pain cases, they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Guideline criteria have not been met. This injured worker presents with low back pain radiating into the legs. She has been prescribed Robaxin since at least 12/19/14 with no evidence of significant pain reduction or objective measurable functional benefit. Given the absence of guideline support for long term use, continuation of this medication is not supported. Therefore, this request is not medically necessary.

Inpatient stay 2-3 days: Upheld

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

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 & Lumbar & Thoracic: Hospital length of stay (LOS).

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Laminectomy and fusion at L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), (20th annual edition) & ODG Treatment in workers' comp (13th annual edition) 2015 Chapter Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back & Lumbar & Thoracic, Discectomy/Laminectomy, Fusion (spinal).

Decision rationale: The California MTUS guidelines recommend laminectomy for patients with spinal stenosis, and moderate to severe symptoms. Guidelines state that a decision to proceed with surgery should not be based solely on the results of imaging studies, rather on the patient's functional status. MTUS guidelines indicate that lumbar spinal fusion may be considered for patients with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis. Before referral for surgery, consideration of referral for psychological screening is recommended to improve surgical outcomes. The Official Disability Guidelines recommend criteria for lumbar decompression that include symptoms/findings that confirm the presence of radiculopathy and correlate with clinical exam and imaging findings. Guideline criteria include evidence of nerve root compression, imaging findings of nerve root compression, lateral disc rupture, or lateral recess stenosis, and completion of comprehensive conservative treatment. Fusion is recommended for objectively demonstrable segmental instability, such as excessive motion with degenerative spondylolisthesis. Fusion may be supported for surgically induced segmental instability. Pre-operative clinical surgical indications require completion of all physical therapy and manual therapy interventions, x-rays demonstrating spinal instability, spine pathology limited to 2 levels, and psychosocial screening with confounding issues addressed. Guideline criteria have not been met. This injured worker presents with low back pain extending into the legs, particularly on the left. Clinical exam findings are consistent with plausible imaging evidence of nerve root compression at the L4/5 level. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. However, there is no radiographic evidence of spinal segmental instability to support the medical necessity of fusion. There is no discussion of the need for wide decompression that would result in temporary intraoperative instability necessitating fusion. Additionally, there are potential psychological issues noted in the medical records with no evidence of a psychosocial assessment. Therefore, this request is not medically necessary at this time.