MAXIMUS Federal Services

Case Number:	CM15-0143104		
Date Assigned:	09/02/2015	Date of Injury:	09/05/1991
Decision Date:	10/30/2015	UR Denial Date:	06/27/2015
Priority:	Standard	Application Received:	07/23/2015

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: 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:

The injured worker is a 67-year-old male, who sustained an industrial injury on 9-5-91. He reported pain in his neck and lower back. The injured worker was diagnosed as having bilateral carpal tunnel syndrome, lumbar degenerative disc disease and grade 1 spondylolthesis at L4-L5. Treatment to date has included chiropractic treatments, Percocet and Flexeril since at least 4-10-15. On 4-29-15, the injured worker reported 10 out of 10 pain in his neck and lower back. As of the PR2 dated 6-3-15, the injured worker reports pain in his neck and lower back. He rates his pain a 10 out of 10. Objective findings include cervical flexion 25 degrees, extension 15 degrees and lateral bending 15 degrees bilaterally. There is also decreased lumbar spine range of motion and trigger point tenderness in the trapezius and lumbar paraspinals. The treating physician requested a lumbar spine decompression, Percocet 10-325mg #120 x 2 refills, Flexeril 10mg #90 x 2 refills, a cervical spine CT and a double belt lumbar spine brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Double Belt Lumbar Spine Brace/Support: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Surgery: Lumbar Spine Decompression: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back (Acute & Chronic) - Decompression.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: The CA MTUS/ACOEM Guidelines recommends surgical consideration for patients with persistent and severe sciatica and clinical evidence of nerve root compromise if symptoms persist after 4-6 weeks of conservative therapy. According to the ODG, laminectomy is indicated for correlating distinct nerve root compromise with imaging studies. In this patient, the notes from 6/3/15 do not documenting progressive symptoms or a clear lumbar radiculopathy. In addition, the levels are not specified. Therefore, the guideline criteria have not been met and the request is not medically necessary.

Percocet 10/325mg, #120 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, 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. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 6/3/15. Therefore, the request is not medically necessary.

Flexeril 10mg, #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: According to the CA MTUS, Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. In this particular case, the patient has no evidence in the records of 6/3/15 of functional improvement, a quantitative assessment on how this medication helps, percentage of relief lasts, increase in function, or increase in activity. Therefore, chronic usage is not supported by the guidelines. Therefore, the request is not medically necessary.

CT Scan of the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, CT scan cervical spine.

Decision rationale: CA MTUS/ACOEM Guideline are silent on the issue of CT scan of the cervical spine. Per the ODG, computed tomography (CT), is indicated for suspected cervical spine trauma and when MRI of the cervical spine is contraindicated. In this case, the exam notes from 6/3/15 do not indicate a contraindication to MRI or suspected cervical spine trauma. Therefore, the request is not medically necessary.