

Case Number:	CM15-0045900		
Date Assigned:	04/14/2015	Date of Injury:	12/14/2007
Decision Date:	05/07/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/10/2015

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: New York
Certification(s)/Specialty: Neurological 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 31 year old, male who sustained a work related injury on 12/14/07. The diagnoses have included protrusions of lumbar discs, lumbar radiculopathy and a lumbar annular tear. Treatments have included an EMG/NCV of lower extremities, MRIs, chiropractic treatments, physical therapy and medications. In the PR-2 dated 1/15/15, the injured worker complains of low back pain with increasing left leg symptoms. He rates this pain an 8/10. He states he had flare up with the inability to walk for one day with legs "giving out." He has tenderness to lumbar spine. He has limited range of motion in lower back. The treatment plan is to continue to request approval for lumbar surgery and to refill medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar decompression at unspecified level: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 305-307.

Decision rationale: The California MTUS guidelines note that surgical consultation is indicated if the patient has persistent, severe and disabling lower extremity symptoms. The documentation shows this patient has been complaining of pain in the back and increasing leg symptoms. Documentation does not disclose ongoing lower extremity symptoms corroborated by imaging to indicate a specific nerve root compromise. The guidelines also list the criteria for clear clinical, imaging and electrophysiological evidence consistently indicating a lesion which has been shown to benefit both in the short and long term from surgical repair. Documentation does not show this evidence. The requested treatment is for a lumbar decompression at an unspecified level which does not comply with guidelines. The requested treatment: Lumbar decompression at unspecified level is not medically necessary and appropriate.

Hydrocodone 7.5mg twice a day #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Indicators for addiction and indicators and predictors of possible misuse of controlled substances Page(s): 87 and 88.

Decision rationale: Since the requested treatment: Lumbar decompression at unspecified level is not medically necessary and appropriate, then the requested treatment: Hydrocodone 7.5mg twice a day #60 is not medically necessary and appropriate. Moreover, the office notes indicated the urine screen was negative for controlled substances. Documentation did not discuss why this was the case in light of the patient's prescription history.

Tramadol 50mg twice a day #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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.

Naproxen Sodium tablets 500mg twice a day #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 73.

Decision rationale: The California MTUS guidelines do recommend the use of Naproxen as a sodium salt up to 1500 mg/day. However, the requested treatment of both Anaprox 550mg and Naproxen tablets 500mg twice a day would exceed the maximum recommended by guidelines. The requested treatment: Naproxen Sodium tablets 500mg twice a day #60 is not medically necessary and appropriate.

Pantoprazole 20mg twice a day #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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.

Anaprox 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 73.

Decision rationale: The California MTUS guidelines do recommend the use of Naproxen as a sodium salt up to 1500 mg/day. However, the requested treatment of both Anaprox 550mg and Naproxen tablets 500mg twice a day would exceed the maximum recommended by guidelines. The requested treatment: Anaprox 550mg twice a day #60 is not medically necessary and appropriate.

Keflex 550 #28: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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.

Tramadol 50mg #60 (or) Tramadol HCL ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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.