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| Case Number: | CM15-0047207 | | |
| Date Assigned: | 03/19/2015 | Date of Injury: | 04/11/2012 |
| Decision Date: | 05/15/2015 | UR Denial Date: | 02/19/2015 |
| Priority: | Standard | Application Received: | 03/12/2015 |

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: 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:

The injured worker is a 36-year-old male who reported an injury on 04/11/2012. The mechanism of injury was not provided. The diagnoses included a right L5-S1 disc herniation with a 4 mm anterior disc protrusion and a 4.5 mm posterior disc protrusion. There was mild edema of the right descending nerve root at the level; there was bilateral foraminal narrowing, which was more prominent on the right than the left. The past treatments included epidural steroid injections, chiropractic therapy, acupuncture, and medications. There was no surgical history provided. Diagnostic studies included a nerve conduction study on 04/09/2013 that was normal. There were x-rays completed on 03/19/2004 that had normal findings except for moderate disc narrowing with retrolisthesis at L5-S1. There was an MRI of the lumbar spine on 04/19/2014 that noted there was an L5-S1 three millimeter right central and right paracentral extrusion with a 5 mm caudal extension which lies adjacent to (but does not flatten or displace) the right S1 abutting nerve root. There was no canal or lateral recess stenosis and the neural foramina was patent. The clinical note from 12/15/2014 noted that the injured worker's preliminary tox screen showed benzos. The injured worker was noted to have 5/10 low back and right leg/foot pain. The injured worker had restricted back motion to 30 degrees. The progress report from 01/26/2015 noted that the injured worker complained of thoracic pain. The physical examination noted local thoracolumbar tenderness and restricted back motion of 30 degrees. His medications included Alprazolam and Norco. The treatment plan was noted for the injured worker to have a thoracic MRI and preoperative psychosocial clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 Transforaminal Lumbar Interbody Fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 307, 310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

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

Decision rationale: The injured worker stated that he had thoracolumbar tenderness and a restricted back motion to 30 degrees. The injured worker had a normal gait and complained of thoracic pain. The injured worker had also previously completed acupuncture and chiropractic therapy, as well as medication use. The California Medical Treatment Guidelines/ACOEM note that surgical consultation is indicated for patients with severe and disabling lower leg symptoms in a distribution consistent with abnormalities or imaging studies. There needs to be a failure of conservative treatment to resolve disabling radicular symptoms. The patient also needs to have a referral for surgery for psychological screening to improve surgical outcomes. There also need to be x-rays that demonstrate spinal instability. The documentation does not note that the injured worker had any radicular symptoms that would be consistent with any L5-S1 dermatomal findings. The injured worker has received a psychological screening that does clear him for surgery. Since there was no documentation of any radicular findings that would indicate severe and disabling lower leg problems that would not allow the injured worker to continue with his activities, the request for an L5-S1 transforaminal lumbar interbody fusion is not medically necessary.

Norco 10/325mg #90 (prescribed 1/26/2015): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids for Chronic Pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78-91.

Decision rationale: The documentation does note that the injured worker has thoracic pain and local thoracolumbar tenderness. The injured worker does have a restricted back motion to 30 degrees with a normal gait. The clinical note on 12/15/2014 noted that the injured worker's preliminary tox screen was inconsistent and showed benzos. There was no documentation of the injured worker's pain assessment that would include the least reported pain, the average pain, the intensity of the pain after taking the medication, how long it takes for pain relief, and how long the pain relief lasts. There was also no documentation of the injured worker's side effects while using this medication. There was no documentation of the injured worker's improved functional

status while taking this medication. Therefore, the request for Norco 10/325 #90 is not medically necessary.

Associated Surgical Service: MRI of the Lumbar Spine: 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.

Associated Surgical Service: 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 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.

Associated Surgical Service: Co-Surgeon: 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.

Associated Surgical Service: CyberTech Back Brace: 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.

Preoperative Clearance (EKG, Chest X-Rays, Blood Work and Urine): 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.