

Case Number:	CM15-0066124		
Date Assigned:	04/13/2015	Date of Injury:	08/28/2013
Decision Date:	05/14/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/07/2015

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 43 year old male, who sustained an industrial injury on 08/28/2013. He has reported injury to the lower back. The diagnoses have included lumbar disc protrusion; and chronic lumbosacral sprain/strain with radiculitis. Treatment to date has included medications, diagnostics, epidural steroid injection, and physical therapy. Medications have included Norco. A progress note from the treating provider, dated 03/16/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of low back pain. Objective findings have included weakness; and restricted range of motion of the lumbar spine. The treatment plan has included the request for lumbar fusion L4-L5; continue physical therapy 3x4 to the lumbar spine; aqua therapy 1x4 to the lumbar spine; and Norco 10/325 mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fusion L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-7.

Decision rationale: The California MTUS guidelines do recommend a spinal fusion for traumatic vertebral fracture, dislocation and instability. This patient has not had any of these events. 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. Documentation does not disclose disabling lower extremity symptoms. 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 L4-5 fusion. The guidelines note that the efficacy of fusion without instability has not been demonstrated. Documentation does not show instability. The requested treatment: Fusion L4-L5 is not medically necessary and appropriate.

Continue physical therapy 3x4 to the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The California MTUS guidelines do recommend physical medicine for chronic pain originating in lumbar strain/sprains. However, the concept is stressed that there is a fading frequency and an emphasis on a home exercise program. 9-10 visits would be recommended over 8 weeks. The requested treatment exceeds recommendations. The requested treatment: Continue physical therapy 3x4 to the lumbar spine is not medically necessary and appropriate.

Aqua therapy 1x4 to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

Decision rationale: The California MTUS guidelines do recommend aquatic therapy as an optional form of exercise therapy as an alternative to land based therapy especially for the extremely obese. The documentation does not describe the patient as being extremely obese. The requested treatment: Aqua therapy 1x4 to the lumbar spine is not medically necessary and appropriate.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids-ongoing management Page(s): 75-.

Decision rationale: The California MTUS guidelines advise the lowest possible dose should be prescribed to improve pain and function. Documentation does not furnish evidence of how this was discerned. The guidelines recommend ongoing review of functional status and side effects. Documentation does not include this information. The guidelines recommend the 4 A's for ongoing monitoring opioid administration. Evidence is not provided to support this. The requested treatment: Norco 10/325mg #120 is not medically necessary and appropriate.