

Case Number:	CM15-0097725		
Date Assigned:	05/28/2015	Date of Injury:	10/25/2013
Decision Date:	06/30/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/20/2015

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:

The injured worker is a 46-year-old male who sustained an industrial injury on 10/25/13, relative to lifting. Past medical history was not documented in the available records. Past surgical history was positive for L4/5 and L5/S1 laminectomy and discectomy on 8/1/14. The 1/21/15 lumbar spine MRI documented a disc protrusion with L5/S1 with displacement and touching of the right S1 nerve root. There was also mild to moderate left foraminal exit zone compromise. At L4/5, there was a 3 mm disc bulge and facet hypertrophy contributing to exit zone compromise. The 1/27/15 lumbar spine x-rays demonstrated disc disease L1 to S1. Flexion/extension views should no instability. The 5/1/15 treating physician report reported moderate to severe back pain radiating to the left. Physical exam documented decreased range of motion, and diminished right heel walking, toe walking and heel to toe raising. There was trace Achilles reflex on the right, decreased right L4-S1 sensation, and 4/5 strength in right ankle inversion, eversion dorsiflexion, and plantar flexion. Records documented treating physician report of persistent L5 and S1 radiculopathy in the presence of retrolisthesis and the need for total facetectomy to fully decompress the L5/S1 nerves. A global L5/S1 fusion was recommended. Additional requests included Tylenol #3 #180, external bone growth stimulator, and VascuTherm DVT unit rental for 14 days. The 5/11/15 utilization review certified the request for L5/S1 global fusion. The request for Tylenol #3 #180 was non-certified as the medical records did not establish why the injured worker would require a secondary opiate medication and noted current approval for Tramadol 50 mg #240. The request for an external bone growth stimulator was non-certified as the injured worker did not meet guideline criteria for post-operative use. The request for a VascuTherm DVT unit rental for 14 days was non-certified as there was no evidence that the injured worker had lymphedema or chronic venous insufficiency with venous stasis ulcers to support the medical necessity of a pneumatic compression device. Record review documented that this was the initial prescription of Tylenol

#3, with prior prescriptions noted for Norco and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service; Tylenol #3, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter, (Online Version), When to Discontinue Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Opioids, specific drug list Page(s): 76-80, 92.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support the use of opioid medication for chronic pain and post-operative use. On-going management requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. There is no compelling rationale presented with this prescription to support the addition of another opioid medication. Records indicated that the patient was taking Norco and Tramadol. Tramadol has been approved at the time of this request. There is no indication that Norco was ineffective or had been discontinued to support the addition of another opioid medication. Therefore, this request is not medically necessary.

Associated surgical service External bone growth stimulator: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic Chapter (Online Version) Bone growth stimulator.

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 ½ Lumbar & Thoracic Bone growth stimulators (BGS).

Decision rationale: The California MTUS guidelines are silent regarding bone growth stimulators. The Official Disability Guidelines indicate that bone growth stimulators are under study and may be considered medically necessary as an adjunct to lumbar spinal fusion surgery for patients with any of the following risk factors for failed fusion: (1) One or more previous failed spinal fusion(s); (2) Grade III or worse spondylolisthesis; (3) Fusion to be performed at more than one level; (4) Current smoking habit; (5) Diabetes, Renal disease, Alcoholism; or (6) Significant osteoporosis which has been demonstrated on radiographs. This injured worker is scheduled for a one-level spinal fusion with no documentation of significant spondylolisthesis. There is no evidence that the patient is a current smoker or has comorbidities that place him at increased risk for failed fusion. Therefore, this request is not medically necessary.

Associated surgical service; Vascutherm DVT unit rental for 14 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CIGNA Government Services, Region D DMERC, Local Medical Review Policy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Venous Thrombosis.

Decision rationale: The California MTUS guidelines are silent with regard to deep vein thrombosis (DVT) prophylaxis. The Official Disability Guidelines (ODG) generally recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures, such as consideration for anticoagulation therapy. Guideline criteria have not been met. There are limited DVT risk factors identified for this patient. There is no documentation that anticoagulation therapy would be contraindicated, or standard compression stockings insufficient, to warrant the use of mechanical prophylaxis. Therefore, this request is not medically necessary.