

Case Number:	CM15-0099595		
Date Assigned:	06/02/2015	Date of Injury:	03/18/2009
Decision Date:	07/01/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/22/2015

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 62-year-old male who sustained an industrial injury on 3/18/09. The mechanism of injury was not documented. Past surgical history was positive for cervical fusion. The 12/28/14 lumbar spine MRI impression documented moderately severe multifactorial central canal stenosis at L3/4 and L4/5 with mild right sided neuroforaminal stenosis. There was no focal nerve root impingement. The 2/5/15 treating physician report cited persistent low back pain and radiating right leg pain. Updated imaging was reviewed and showed L4/5 circumferential disc bulge associated with bilateral facet joint degeneration, moderate narrowing of the central canal and severe narrowing of the subarticular recess with mild narrowing of the right neural foramen. At L3/4, there was also circumferential disc bulge associated with bilateral facet joint degeneration causing moderate narrowing of the central canal and subarticular recess with mild narrowing of the right neural foramen. The injured worker had sensory deficits over the lateral aspect of the right calf and first dorsal interspace, and 4/5 ankle dorsiflexion and extensor hallucis longus weakness. He had a weakly positive straight leg raise. He had a short stance phase on the right, consistent with complaints. The diagnosis was right L5 radiculopathy, chronic secondary to lumbar spinal stenosis. The treatment plan recommended L4/5 laminectomy. The injured worker was prescribed Norco 10/325 mg three times a day as needed. He had significant persistent low back and radiating left pain that warranted the use of persistent narcotic analgesics. He was continuing to work full time using narcotics on a daily basis. He was not able to manage work with anti-inflammatory medications only. The 4/3/15 treating physician report cited persistent complaints of back and radiating leg pain. The injured worker was requiring

more narcotic medication. Physical exam documented positive right straight leg raise, sensory deficits in the lateral calf and first dorsal interspace, and mild ankle dorsiflexion weakness and great toe weakness. The diagnosis included lumbar radiculopathy right L5 and lumbar spinal stenosis. The treatment plan recommended Norco to be dispensed, and authorization for L4/5 lumbar laminectomy. He remained at regular duty work status. The 4/23/15 utilization review non-certified the request for Norco 10/325 mg #90 as there was no documented of decreased VAS scores or specific functional benefit with the use of this medication, and there was a lack of documentation relative to a urine drug screen and signed narcotic contract. The request for lumbar laminectomy at L4/5 was non-certified as there was significant pathology at the adjacent L3/4 segment with no documentation of selective nerve root blocks or electrodiagnostic studies to rule out this level as a pain generator to support the medical necessity of surgery limited to the L4/5 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Opioids, specific drug list Page(s): 76-80, 91.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support the use of hydrocodone/acetaminophen (Norco) for moderate to moderately severe pain on an as needed basis with a maximum dose of 8 tablets per day. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines suggest that opioids be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. Guideline criteria have been met for the continued use of Norco. This injured worker has persistent low back radicular pain with evidence of severe stenosis. He has been able to remain at work with the use of Norco 3 times a day. The use of anti-inflammatory medication was documented as insufficient to allow for continued work activity. Given the documented functional improvement, this request for continued Norco 10/325 mg #90 is reasonable and consistent with guidelines. Therefore, this request is medically necessary.

Lumbar Laminectomy of L4-5: Overturned

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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar & Thoracic, Discectomy/Laminectomy.

Decision rationale: The California MTUS recommend surgical consideration when there is severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise. Guidelines require clear clinical, imaging and electrophysiologic evidence of a lesion that has been shown to benefit both in the short-term and long-term from surgical repair. The guidelines recommend that clinicians consider referral for psychological screening to improve surgical outcomes. The Official Disability Guidelines recommend criteria for lumbar discectomy that include symptoms/findings that confirm the presence of radiculopathy and correlate with clinical exam and imaging findings. Guideline criteria include evidence of nerve root compression, imaging findings of nerve root compression, lateral disc rupture, or lateral recess stenosis, and completion of comprehensive conservative treatment. Guideline criteria have been met. This injured worker presents with worsening and function limiting low back and radiating right leg pain. Clinical exam findings were consistent with right L5 radiculopathy and reported imaging evidence of severe right subarticular recess narrowing. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. The treating physician has opined nerve root compression limited to the L4/5 level and proceeding with laminectomy at this level is indicated. Therefore, this request is medically necessary.