

Case Number:	CM13-0003895		
Date Assigned:	07/02/2014	Date of Injury:	08/23/2003
Decision Date:	07/30/2014	UR Denial Date:	07/05/2013
Priority:	Standard	Application Received:	07/26/2013

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. The expert reviewer is Board Certified in Anesthesia, has a subspecialty in Acupuncture & Pain Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 57 year old female injured worker with date of injury 8/23/03 with related low back pain. Per the 11/7/13 progress report, subjective complaints included low back pain and leg pain. Objective findings included a Trendelenburg like gait with a left-sided limp and a normal lower extremity neurologic examination. Diagnoses included a grade I spondylolisthesis at L3-4, low back pain and leg pain. A Lumbar MRI dated 3/2010 revealed a grade I anterolisthesis at L3-4, disc bulges at L3-4 with mild to moderate foraminal stenosis, and disc bulges at L4-5 and L5-S1 without significant neural foraminal or canal stenosis. A right sacroiliac joint fusion procedure was performed in 2008. Treatment to date has included physical therapy and medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI L spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 53.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

Decision rationale: The ACOEM guidelines support ordering of imaging studies for emergence of red flags, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The documentation submitted for review indicates that MRI was previously obtained in 3/2010. The records do not indicate an increase in back pain or a decrease in functional ability. The guidelines do not recommend a repeat MRI unless there is a significant worsening of the clinical findings. The request is not medically necessary.

CT scan S1 joint: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 59.

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, CT (Compute Tomography).

Decision rationale: The California MTUS is silent on the indications for computed tomography. Per the ODG TWC with regard to a CT (Computed tomography), it is not recommended except for these indications for a CT: Thoracic spine trauma: equivocal or positive plain films, no neurological deficit; Thoracic spine trauma: with neurological deficit; Lumbar spine trauma: trauma, neurological deficit; Lumbar spine trauma: seat belt (chance) fracture; Myelopathy (neurological deficit related to the spinal cord), traumatic; Myelopathy, infectious disease patient; Evaluate pars defect not identified on plain x-rays; Evaluate successful fusion if plain x-rays do not confirm fusion. The documentation submitted for review indicates that the request is to rule out SI joint fusion failure for the procedure performed in 2008. The guidelines state that a CT scan may be indicated for this if plain x-rays do not confirm fusion. The records do not indicate that x-ray was obtained. The request is not medically necessary.