

<b>Case Number:</b>	CM13-0023314		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	10/19/2012
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	08/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois, Texas and Indiana. 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 physician 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 35 year old male who reported an injury on 10/19/2012. The mechanism of injury was falling approximately 10 feet onto his side. The patient's diagnoses included closed fracture of a lumbar vertebra without spinal cord injury (ICD-9 Code 805.4). The patient medication regimen included Norco 10/325mg 1 tablet twice a day as needed for pain. The most recent clinical note dated 09/30/2013 reported continued complaints of persistent mid back and right leg pain. There was some noted tenderness to palpation to lumbar spine, normal bulk and tone to the bilateral lower extremities with motor strength normal at 5/5. Norco 10/325mg was prescribed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar back brace:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** The California MTUS ACOEM states lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The patient has

documented chronic back pain since the reported injury. As CA MTUS/ACOEM notes there is insufficient evidence of lasting benefit beyond the acute phase, the medical necessity for lumbar brace has not been proven. The request for Lumbar Back Brace is non-certified.

**CT scan of the lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, CT (computed tomography).

**Decision rationale:** The California MTUS/ACOEM states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination may be sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. However, when the neurologic examination is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause which would be a computed tomography [CT] for bony structures. Official Disability Guidelines states CT scans are not recommended unless there is documented lumbar spine trauma, neurological deficit, seat belt fracture, neurological deficit related to the spinal cord, and/or infection to spine. There is no clinical objective findings documented of any of the above conditions. The patient was diagnosed with closed fracture of lumbar vertebra without spinal cord injury. He was last seen 09/30/2013 and continued to complain of mid back and right leg pain. There are no documented neurological deficits in the medical record. A CT scan lumbar spine is not medically necessary. As such, the request for CT scan lumbar spine is non-certified.

**CT scan of the thoracic spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, CT (computed tomography).

**Decision rationale:** The California MTUS/ACOEM Guidelines state MRI or CT is recommended to evaluate red-flag diagnoses. The California MTUS/ACOEM recommends MRI or CT to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. The Official Disability Guidelines states CT of thoracic spine are only recommended when there is thoracic spine trauma with neurological deficit, or equivocal or positive plain films, and no neurological deficit. There are no plain film findings of the delayed or nonunion of the previous thoracic compression fracture. There is also no objective clinical documentation of any neurological deficits note on physical

examination. As such, the CT of thoracic spine is not medically necessary; therefore, the request for CT scan thoracic spine is non-certified.