

Case Number:	CM13-0026191		
Date Assigned:	11/22/2013	Date of Injury:	01/22/2010
Decision Date:	08/08/2014	UR Denial Date:	09/14/2013
Priority:	Standard	Application Received:	09/18/2013

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 Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine 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 47-year-old male with a date of injury of 01/22/2010. The listed diagnoses per [REDACTED] are: 1. Severe DDD, lumbar spine. 2. Thoracic spine chronic pain. 3. Multilevel disk herniations with annular tears. 4. Ongoing hip complaints. According to progress report 08/13/2013 by [REDACTED], the patient presents with mid to low back pain and bilateral lower extremity numbness extending to his thighs. On examination, there was decreased sensation to the thoracic and lumbar spine and decreased sensation to the left L5 dermatome. Straight leg raise on the left at 50% elicits pain extending to the calf. Straight leg raise on the right at 50% elicits pain extending to the knee. MRI of the lumbar spine from 03/14/2011 revealed L5-S1 posterior annular tear, intervertebral disk with accompanying 1 to 2 mm posterior disk bulges and facet joint hypertrophy without evidence of canal stenosis and neuroforaminal narrowing. There is severe DDD of the lumbar spine with endplate changes. EMG/NCS of the bilateral lower extremities from 09/01/2011 revealed bilateral S1 radiculopathy. The treater is requesting a CT scan of the lumbar spine and a medial branch block bilaterally at levels L5 to S1. Utilization review denied the request on 09/14/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computerized Tomography (CT) Scan Of The Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Indications for Imaging, Computerized Tomography.

Decision rationale: ACOEM Guidelines page 309 states under CT, recommendation is made when caudal equine, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. ODG guidelines states CT scans are not recommended, except for trauma with neurological deficit. This patient presents with chronic mid to low back pain and bilateral lower extremity numbness that extends to his thighs. Medical records indicate the patient had an MRI of the lumbar spine from 03/14/2011, which showed 1- to 2-mm posterior disk bulges and facet joint hypertrophy. There was severe degenerative disk disease (DDD) of the lumbar spine with endplate changes noted. EMG/NCS from 2011 revealed bilateral S1 radiculopathy. There is no indication that prior CT scan has been done. The treater is requesting a CT scan of the lumbar spine. In this case, the treater is concerned reference the patient's chronic low back pain. CT scans are indicated when tumor, infection or fracture are strongly suspected. There are no such concerns in this patient. Request for Computerized Tomography (Ct) Scan Of The Lumbar Spine is not medically necessary.

One Medial Branch Block Bilaterally at L5-S1: 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 and Thoracic (Acute & Chronic), Facet Injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300 AND 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Criteria for the use of diagnostic blocks for facet "mediated" pain.

Decision rationale: ACOEM Guidelines do not support facet injections for treatment, but do discuss dorsal medial branch block as well as radiofrequency ablations on page 300 and 301. ODG Guidelines also support facet diagnostic evaluation for patients presenting with paravertebral tenderness with non-radicular symptoms. This patient presents with chronic mid and low back pain with bilateral lower extremity numbness that extends to his thighs. Medical file indicates the patient had an MRI of the lumbar spine in 2011, which showed 1- to 2-mm posterior disk bulges and facet joint hypertrophy. An EMG/NCS from 2011 revealed bilateral S1 radiculopathy. In this case, the patient has radicular pain and EMG/NCS that confirms radiculopathy. Facet injections are recommended for non-radicular symptoms. The request for One Medial Branch Block Bilaterally at L5-S1 is not medically necessary.