

Case Number:	CM13-0035423		
Date Assigned:	12/13/2013	Date of Injury:	08/02/2006
Decision Date:	03/20/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/17/2013

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Florida. 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 60-year-old female who sustained an industrial injury on 8/2/06. The patient is status post posterior stabilization fusion and transforaminal lumbar interbody fusion (TLIF) at the L4-5 and L5-S1 which was performed on 7/12/12. The patient has been treated with oral medications, chiropractic treatments, and acupuncture. The clinical note dated 6/18/13 stated that the patient continued with lower back pain and radiation to the thighs. The patient rated her pain as a 6/10 on the VAS, and has sensation intact on the examination. Seven plain view x-rays were completed; they demonstrated possible lucency around the L4 screws, and pseudarthrosis versus delayed union was suspected. The treatment plan at that time was for a CT scan of the lumbar spine and continued chiropractic treatment. The patient was seen again on 7/10/13 for chiropractic manipulation of the lumbar spine. A CT of the lumbar spine without contrast was performed on 8/21/13; it reported facet arthropathy with postoperative changes of the L4-5 and L5-S1, with retrolisthesis at L1-2, L3-4, and L5-S1. There is also a neural foraminal narrowing at the L1-2 mild left, L3-4 mild to moderate on the right, and L5-S1 moderate right.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right transforaminal lumbar epidural steroid injection at L3-L4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: According to the California MTUS Guidelines, epidural steroid injections (ESIs) are recommended as an option for the treatment of radicular pain. Patients must have radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the case of this patient, the imaging study provided by the CT scan on 8/21/13 did not corroborate with radiculopathy findings in the clinical documentation. Without having a clear diagnosis of radiculopathy, the request for an ESI cannot be warranted. The patient does not meet guideline criteria for an epidural steroid injection of the lumbar spine at this time. As such, the requested service is non-certified.

Bone scan to evaluate for possible pseudarthrosis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 178-179. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: According to the California MTUS/ACOEM, bone scans are recommended for low back disorders after one month of no improvement in pain. A CT scan was performed on 8/21/13; it noted only mild levoscoliosis with 2mm retrolisthesis at L1-L2, L3-L4, and L5-S1, as well as post-operative changes of anterior and posterior fusion at L4-L5 and L5-S1 with vascular calcifications present. There are no current documentations indicating that the patient is currently having any low back symptoms to warrant a bone scan at this time. Furthermore, there are no current clinical documentations providing a thorough rationale for a bone scan. As such, the requested service is non-certified.

Acupuncture twice a week for four weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the California MTUS Acupuncture Medical Treatment Guidelines, acupuncture is used as an option when pain medication is reduced or not tolerated. It may also be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten function recovery. The time frame to produce functional improvement is 3-6 sessions. Afterward, treatments may be extended if functional improvement is documented. In the case of this patient, the documentation indicates that she has already undergone acupuncture treatments. However, it is unclear as to how many sessions she has already participated in. There is also no current documentation indicating that the previous sessions were successful in reducing the patient's pain and increasing her functional ability. Therefore, additional sessions cannot be warranted at this time. As such, the requested service is non-certified.