MAXIMUS Federal Services

Case Number:	CM13-0040560		
Date Assigned:	06/09/2014	Date of Injury:	05/01/2012
Decision Date:	08/04/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/29/2013

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 Orthopedic Surgery, and is licensed to practice in California and Texas. 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 injured worker is a 43-year-old male who reported an injury on 5/1/12. The mechanism of injury was moving heavy objects. The injured worker complained of low back pain, rated at 6/10. The clinical note dated 9/25/13 documented physical examination of the lumbar spine, range of motion testing with flexion 40/90 degrees with pain and extension 10/30 degrees with pain. The left lower extremity motor strength test was noted with 4+/5 and straight leg test on the left was positive with pain. The documentation provided noted x-rays of the lumbar spine show no spondylolisthesis. In addition, the documentation noted an MRI on 9/4/13 revealed mild loss of height and disc desiccation with a posterior annular tear and a bulge at the L4-5 with no nerve compression and no modic change. Also, the MRI revealed L5-S1 has narrowing of the disc space, disc desiccation, left-sided disc herniation compromising the S1 nerve, and modic changes on the left side and superior and inferior endplates at L5-S1. The injured worker's diagnosis included degenerative joint disease. Previous treatments included 20 physical therapy visits and three spinal injections which were noted to provide minimal relief, and no real functional improvement. Medications were not noted within the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The California MTUS/ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery as an option. When the neurological examination is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The documentation submitted did not indicate any current functional deficit or neurological deficits. In addition, there was a lack of documentation to indicate that physical therapy did not improve functional capacity. The documentation submitted noted back medication as a prior treatment that had made improvements in symptoms; however, there was a lack of documentation to indicate what the injured worker's pain rating was with and without the medication. Overall, there was a lack of documentation to indicate failure of conservative care. Based on the above noted, the request is not medically necessary.

Whole body scan with lumbar single photon emission computer tomography (SPECT): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, and The American College of Radiology Practice Guideline for the Performance of Adult and Pediatric Skeletal Scintigraphy (Bone Scan).

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.

Decision rationale: The California MTUS/ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery as an option. When the neurological examination is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The documentation submitted did not indicate any current functional deficit. In addition, there was a lack of documentation to indicate that physical therapy did not improve functional capacity. The documentation submitted noted back medication as a prior treatment that had made improvements in symptoms; however, there was a lack of documentation to indicate what the injured worker's pain rating was with and without the medication. Overall, there was a lack of documentation to indicate failure of conservative care. In addition, the documentation submitted noted complaints of chronic low back pain and that the requested diagnostic exam would help in surgical consideration of the low back; however, there was a lack of documentation to indicate the injured worker complained of chronic pain in other areas of the body or that surgery in other areas of the body was considered. There was a lack of documentation to indicate the medical necessity of a whole body scan when the focal area is the low back. In addition, The Official Disability Guidelines (ODG) state SPECT (single photon emission computed tomography) is not recommended for general use in back pain. Under study as a screening criteria for facet joint

injections or suspected inflammatory arthropathies not diagnosed by more common tests. The decision to use SPECT (single photon emission computed tomography) in most patients with low back pain cannot be supported by clinical trials. Based on the above noted, the request is not medically necessary.

Discogram at L3-4, L4-5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The ACOEM states recent studies on discography do not support its use as a preoperative indication for either intradiscal electrothermal annuloplasty or fusion. The California MTUS/ACOEM further states that discography should be reserved only for patients who meet the following criteria: (1) back pain of at least 3 months duration; (2) failure of conservative treatment; (3) satisfactory results from detailed psychosocial assessment; (4) is a candidate for surgery; (5) and has been briefed on potential risks and benefits from discography and surgery. The documentation noted the injured worker has had chronic low back pain and was considering surgery as an option. The documentation also noted that the potential risks and benefits had been explained. The documentation submitted noted the injured worker participated in physical therapy; however, there was a lack of documentation to indicate that physical therapy did not improve functional capacity. The documentation submitted noted back medication as a prior treatment that have made improvement in symptoms; however, there was a lack of documentation to indicate what the injured worker's pain rating was with and without the medication. Overall, there was a lack of documentation to indicate the failure of conservative care. In addition, there was a lack of documentation to indicate a detailed psychosocial assessment producing satisfactory results had been completed. Based on the above, the request is not medically necessary.