

<b>Case Number:</b>	CM13-0048015		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	09/17/2010
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 Neurology, has a subspecialty in Neuromuscular 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 injured worker is a 57 year old patient who sustained a work related injury on September 17, 2013. The patient was complaining of severe low back pain radiating to lower extremities with numbness and tingling. The patient was status post anterior lumbar retroperitoneal partial corpectomy at L3-L5 and anterior interbody fusion. The patient's physical examination demonstrated that the back incision was well healed, normal straight leg raise and normal motor and sensory examination. A CT scan of the lumbar spine performed on August 11, 2013, demonstrated post operative seroma. The provider requested authorization for fluoroscopy guided needle aspiration at L3-4.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **FLUOROSCOPY GUIDED NEEDLE ASPIRATION AT LUMBAR THREE (L3)-4:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES. Decision based on Non-MTUS Citation Non-MTUS Citation: Other Medical Treatment Guideline or Medical Evidence:

Rimondi, E., Et Al. (2011). CT-Guided Corticosteroid Injection for Solitary Eosinophilic Granuloma of the Spine. *Skeletal Radiol* 40(6): pages 757-764.

**Decision rationale:** There no clear evidence that the seroma is causing spinal cord compression or causing the patient's symptoms. There is no documentation of serial CT scans showing a substantial increase in the seroma volume. Therefore, the request for fluoroscopy guided needle aspiration at L3-4 is not medically necessary.