

Case Number:	CM13-0072271		
Date Assigned:	01/17/2014	Date of Injury:	01/15/1999
Decision Date:	06/06/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/30/2013

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 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 65 year old female who was injured on 12/22/1999 while she was lifting a patient. She had immediate onset of pain in her lower back. Prior treatment history has included trigger point injections dated 06/25/2013, Oxycodone, Hydrocodone, Topiramate, and Flexeril. She had a lumbar facet block L2-L3 bilaterally dated 07/23/2012; cordal epidural steroid injection dated 06/04/2012; lumbar facet block at L2-L3 bilaterally dated 10/31/2011. The patient's medications include Flexeril 10 mg, ibuprofen 800 mg, Lidoderm 5% patch, Percocet-325 mg; Vicodin 5-500 mg. The patient underwent a spinal effusion from L3 to S1 performed in 2004. Diagnostic studies reviewed include electrophysiologic study of the right lower extremity dated 08/30/2013 reveals a normal study. There is no electrodiagnostic evidence of a radiculopathy, plexopathy, peripheral polyneuropathy or any entrapment neuropathy at the fibular head. There are positive shockwaves and fibrillation potentials seen in the right lower lumbar paraspinal musculature segments; however, there were no signs of denervation in any of the multiple muscles tested in the right lower extremity. Therefore, there is a nondiagnostic finding. There is also mild slowing of the right sural nerve which is nondiagnostic finding as well. CT scan of the lumbar spine dated 07/25/2013 revealed at L2-L3, there is 1 to 2 mm retrolisthesis of L2 on L3. There is prominent intervertebral disc narrowing with vacuum disc phenomena. There is likely a disc bulge. There is moderate central canal stenosis measuring 8 mm in AP dimension. There is mild right and moderate left neural foraminal narrowing. There is prominent bilateral joint hypertrophy with ligamentum flavum redundancy. Follow-up evaluation note 12/03/2013 indicates the patient reports continued use of the spinal cord stimulator. She has noticed a worsening of her low back pain radiating into the buttocks with pain in the left anterior thigh to the shin with pain and burning in the right anterior thigh and pain in the shin with numbness in the dorsal aspect of the foot. She rates her pain as a 7/10. On exam,

there is a mid line incision. There is palpable tenderness of the paravertebral muscles and upper buttocks, bilaterally. There is decreased sensation over the lower extremities, bilaterally in a non-dermatomal distribution. Range of motion exhibits flexion to 36 degrees; extension to 4 degrees; left lateral bend to 14 degrees; right lateral bend to 14 degrees; all with pain. Reflexes are 2+ bilaterally in the knees and 1+ bilaterally in the ankles. Motor power is 5/5 bilaterally. Diagnoses are status post L3-S1 fusion, right L4 foraminal stenosis; L2-L3 disc degeneration/stenosis; right leg radiculopathy; bilateral sacroiliac joint dysfunction. There is a request for authorization for a CT myelogram of the lumbar spine; bilateral sacroiliac blocks with arthrogram as a pain generator; If the injection diagnostic, consider RFA versus sacroiliac joint fusion. The patient is instructed to followup after CT myelogram and sacroiliac joint blocks; Anticipate recommending a right L4 foraminotomy L2-L3 laminotomies and possibly L2-L3 PSIF.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT MYELOGRAM, LUMBAR SPINE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Integrated Treatment/Disability Duration Low Back-Lumbar And Thoracic (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Myelography.

Decision rationale: The CA MTUS Guidelines have not addressed the issue of dispute. According to the ODG, myelography is not recommended except for select indication which include: 1) Demonstration of the side cervical spine fluid leak 2) Surgical planning especially in regard to nerve roots, a myelogram can show whether surgical treatment is promising in giving case, if it is, can help in planning surgery 3) Radiation therapy planning for tumors involving the bony spines, nerve root or spinal cord 4) Diagnostic evaluation of spinal or basal cisternal disease and infection involving the bony spine, intervertebral disc, meninges and surrounding soft tissue, or inflammation of the membrane that covers the spinal cord 5) Poor correlation of physical findings of MRI 6) Use of MI precluded because of a) Claustrophobia b) Technical issues c) Safety reasons d) Surgical hardware. The medical records document the patient is diagnosed with status post L3-S1 fusion, right L4 foraminal stenosis, L2-L3 disease degeneration/stenosis. According to the CT dated 07/25/2013, the CT revealed there is a 1-2 mm retrolisthesis at L2-L3 with prominent intervertebral disc narrowing with vacuum disc phenomena. In the presence of documented signs and symptoms of disc protrusion at L2-L3 with possible central canal stenosis and presence of surgical hardware that makes MRI precluded at this time. The request meets the guidelines criteria.

INJECTION BILATERAL SACROILIAC JOINT BLOCKS WITH ARTHROGRAM, LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 184.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip& Pelvis, Sacroiliac joint blocks.

Decision rationale: The CA MTUS Guidelines have not addressed the issue of dispute. According to the ODG, sacroiliac joint blocks are recommended as an option if failed at least 4-6 weeks of aggressive conservative therapy. The medical records document the patient is diagnosed with status post L3-S1 fusion, right L4-foraminal stenosis and L2-L3 degeneration/stenosis. The patient complained of low back pain radiating to the buttocks with pain and burning in right anterior thigh and shin associated with numbness in the dorsal aspects of the foot. In the absence of documented specific disc for motion, palpation and pain provocation for sacroiliac joint dysfunction or image studies for sacroiliac joint, the request is not medically necessary according to the guidelines.