

<b>Case Number:</b>	CM14-0001649		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	11/23/2008
<b>Decision Date:</b>	06/16/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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 an employee of [REDACTED] who has submitted a claim of low back pain associated from an industrial injury date of November 23, 2008. Treatment to date has included acupuncture, anterior discectomy and fusion, and posterior decompression and fusion of L3-S1 (1/25/13, 1/29/13), revision of the L3-L4 and L5-S1 levels (2/22/13), physical therapy, home exercise program, epidural injections (5/15/12, 2/7/12, 2/7/09), and medications with include Neurontin, Baclofen, Norco, Lidoderm patch, Oxycodone, gabapentin, Clonazepam, Fluoxetine, Percocet, medical THC, Naprosyn, Effexor XR, Depakote ER and Relafen. Medical records from 2009-2014 were reviewed, the latest of which dated January 2, 2014 revealed that patient complains of lower backache. Pain level has remained unchanged since last visit. He does not report any change in location of pain. No new problems or side-effects. Quality of sleep is poor. He is not trying any other therapies for pain relief. He denies any new injury since last visit. Activity level has remained the same. The patient is taking his medications as prescribed. He stated that the medications are working well. No side effects reported. On examination of the lumbar spine, there is a well-healed surgical scar. Range of motion is restricted with flexion to approximately 30 degrees limited by pain, extension to approximately 5 degrees. There is tenderness of the paravertebral muscles, worse on the right. Lumbar facet loading is positive on both sides. Straight leg raising test is positive on both sides, with sitting at 50 degrees. There is tenderness note over the right gluteus maximus and piriformis. On sensory examination, light touch elicits paresthesia over the right L4-S1 dermatome. X-ray of the lumbar spine done last November 21, 2013 revealed a solid-appearing arthrodesis from L3-S1 and stable position of the hardware throughout. X-ray of the lumbar spine done last February 14, 2013 revealed anterior displacement of the L3-4 intervertebral implant/cage as well as an anterior displacement of the L5-S1 cage. MRI of the lumbar spine done last August 15, 2012 revealed multilevel degenerative

disc disease. At L4-L5, a large posterior disc bulge with a focal right paracentral extrusion noted. At the level of the disc extrusion, there is moderate severe central canal narrowing. The degenerative findings are superimposed on a congenitally narrowed canal on a developmental basis. There is moderate severe right neural foraminal narrowing at this level. AT L5-S1, mild to moderate degenerative disc disease and facet hypertrophy contributes to moderate severe right and moderate left neural foraminal narrowing. At L3-4, there is an annular disc bulge with a high intensity zone/annular fissure. There is facet hypertrophy. There is mild bilateral neural foraminal narrowing. There is moderate central canal narrowing at this level. MRI of the lumbar spine done last February 20, 2009 revealed disease at L5-S1 to the right of the midline of significance. MRI of the lumbar spine done last December 17, 2008 revealed moderate multilevel disc and facet degeneration and spondylosis of varying degree, most severe at L5-S1 where there is severe bilateral foraminal stenosis and bilateral exiting L5 nerve impingement. 5mm depth right paracentral L5-S1 protrusion compressing the descending right S1 nerve in the lateral recess. There is moderately severe bilateral L4-5 lateral recess stenosis with probable impingement of both descending L5 nerves. There is also moderately severe bilateral L3-4 lateral recess stenosis with probable impingement of both descending L4 nerves. Utilization review from December 17, 2013 denied the request for CT scan of the lumbar spine because there is no clinical indication for such study, and denied the request for left S1 joint injection because there is no discussion relative to any findings associated with the sacroiliac joint.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **CT SCAN OF THE LUMBAR SPINE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** The MTUS ACOEM Practice Guidelines, state that 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 an option. Official Disability Guidelines criteria for lumbar CT include lumbar spine trauma with neurological deficit; or traumatic or infectious myelopathy; or to evaluate a pars defect not identified on plain x-rays; or to evaluate successful fusion if plain x-rays do not confirm fusion. In this case, CT scan of the lumbar spine was requested but the reason for the request was not made available in the documents submitted. In the recent clinical evaluation, there is no noted change in the description and location of pain, with no new complaints. Also, the x-ray of the lumbar spine done last November 21, 2013 revealed a solid-appearing arthrodesis from L3-S1 and stable position of the hardware throughout. Furthermore, there is no subjective or objective finding that would warrant further investigation. Therefore, the request for CT scan of the lumbar spine is not medically necessary and appropriate.

#### **LEFT SI JOINT INJECTION: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES ODG-LOW BACK- LUMBAR & THORACIC (ACUTE & CHRONIC), UPDATED 12/04/13.

**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).

**Decision rationale:** The MTUS/ACOEM Practice Guidelines, state that sacroiliac joint injections are of questionable merit. In addition, the Official Disability Guidelines criteria for SI joint injections include clinical sacroiliac joint dysfunction, failure of at least 4-6 weeks of aggressive conservative therapy, and the history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings). In this case, the left SI joint injection was requested but the reason for the request was not made available in the documents submitted. In the recent clinical evaluation, although there was tenderness note over the right gluteus maximus and piriformis, there was no discussion regarding the sacroiliac joint. Furthermore, there is no subjective or objective finding that would warrant the need for injection. Therefore, the request for left S1 joint injection is not medically necessary and appropriate.