

Case Number:	CM14-0156372		
Date Assigned:	09/25/2014	Date of Injury:	08/31/1991
Decision Date:	11/14/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	09/24/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in 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:

Medical records reflect the claimant is a 64 year old female who sustained a work injury on 8-31-91. The claimant has a history of thoracic fusion at T10. Office visit on 8-22-14 notes the claimant has increasing kyphosis and forward body tilting with increasing ribcage pain. She feels better when wearing a low back brace that is wearing out. On exam, the claimant has an imbalanced gait. She uses a cane for ambulation. There was tenderness over the T10 proximal fusion construct. The claimant had a MRI in May 2014 that showed advancement of the fusion to T9-10, with no major stenosis noted. There was concern that the claimant has developed pseudoarthrosis in the upper part of the thoracic construction or advancing degeneration causing collapse and kyphosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

SPECT-CT of Thoracic/ Lumbar Spines: 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)

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 chapter - CT scan

Decision rationale: ODG notes that SPECT CT 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. (Littenberg, 1995) (ACR, 2000) Bone scintigraphy with SPECT can help identify patients with low back pain who would benefit from facet joint injections. This trial showed an 87% success rate when indicated by SPECT versus 13% when not indicated by SPECT. Without SPECT the success rate of facet injections was 31%. (Pneumaticos, 2006). Based on the records provided, there is no indication that it is claimant has facet mediated pain or inflammatory arthropathies that have not been diagnosed by more common tests. It is not supported for any other conditions. Therefore, the medical necessity of this request is not established.

Lumbar Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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 chapter - lumbar supports

Decision rationale: ODG notes that lumbar supports are not recommended for prevention. Recommended as an option for treatment. Prevention: Not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. (Jellema-Cochrane, 2001) (van Poppel, 1997) (Linton, 2001) (Assendelft-Cochrane, 2004) (van Poppel, 2004) (Resnick, 2005) Lumbar supports do not prevent LBP. (Kinkade, 2007) A systematic review on preventing episodes of back problems found strong, consistent evidence that exercise interventions are effective and other interventions not effective, including stress management, shoe inserts, back supports, ergonomic/back education, and reduced lifting programs. (Bigos, 2009) This systematic review concluded that there is moderate evidence that lumbar supports are no more effective than doing nothing in preventing low-back pain. (van Duijvenbode, 2008). This form of treatment is not indicated for prevention. Therefore, the medical necessity of this request is not established.