

Case Number:	CM14-0071290		
Date Assigned:	07/14/2014	Date of Injury:	12/13/2010
Decision Date:	10/01/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/16/2014

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 Medicine 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:

The injured worker is a 67 year old male who was injured on 12/13/10 when he felt a pop in his low back while trying to get up after being taken down and handcuffed in a training exercise. The injured worker complains of low back pain which radiates into the left buttock, left hamstring and posterior thigh. The injured worker is diagnosed with a sprain of the lumbar region. Treatment has included medication management, physical therapy, use of a heating pad and two epidural steroid injections. Records indicate the relief from the initial injections lasted approximately one week and relief from the second lasted approximately three weeks. Records indicate the injured worker has been referred for a consultation regarding surgery. No previous lumbar surgeries have been performed. The most recent submitted clinical note is an orthopaedic evaluation dated 03/21/14. Physical examination on this date reveals limited lumbar ROM at 16 flexion, 10 extension, 18 left lateral bending and 16 right lateral bending. DTRs are 2+ and symmetrical in the knees but absent in the ankles. Motor strength is normal sensation is reported to be symmetrical but slightly diminished, likely due to the injured worker's diabetes. This report states "extensive workup has been performed" and references an initial MRI on 01/13/11 which revealed mild degenerative changes at multiple levels with moderate to severe right and severe left foraminal narrowing at L3-4 and mild foraminal stenosis at L4-5 and L5-S1. This evaluation states the injured worker has reached MMI, allowing for future medical treatment. Future medical care is noted to allow for a conservative approach. This note states, "However, if there is evidence of any nerve root compromise on electrodiagnostic testing, consideration to other techniques which may help to future care of relieve from the effects of this injury need to be considered." A request is submitted for a CT of the lumbar spine, EMG and NCV of the bilateral lower extremities and x-rays of the lumbar spine. Utilization Review dated 04/16/14 approves

the request for the electrodiagnostic testing but denies the request for the CT and x-rays. This is an appeal request for the CT and x-rays.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT of the Lumbar Spine:

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic Chapter, CT (computed tomography) section

Decision rationale: 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 an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." Records indicate an EMG/NCV of the bilateral lower extremities have been requested and approved to assess for the presence of an active radiculopathy. Records do not include an electrodiagnostic report and do not indicate this study has been performed to date. ODG states CT studies are not recommended unless certain criteria are met. As an MRI is not contraindicated, the injured worker has no history of specific spine trauma with neurological deficit; no evidence of myelopathy and no previous spine surgeries, this request does not meet ODG criteria. Previous studies referenced in the submitted records are not significant for specific nerve compromise. The most recent physical examination did not reveal evidence of specific nerve compromise. Based on the clinical information provided, medical necessity of a CT of the lumbar spine is not established.

Five view lumbar spine films with Flexion and Extension: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 - Lumbar & Thoracic Chapter, Radiography (x-rays) and Flexion/extension imaging studies sections

Decision rationale: ACOEM states, "Lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks." Records do not reveal evidence of red flags or serious spinal pathology that cannot be evaluated with an MRI or electrodiagnostic studies. Electrodiagnostic studies have been requested and approved, but not yet noted to have been performed. ODG states radiographs are not recommended unless certain criteria are met. As

records do not indicate there is a suspicion of cancer or infection, the injured worker has no history of specific spine trauma with neurological deficit, no evidence of myelopathy and no previous spine surgeries, this request does not meet ODG criteria. ODG also addresses the use of flexion/extension imaging studies and states these are not recommended as primary criteria for range of motion but may be used to assess spinal instability when there is consideration for surgery. Records do not indicate surgery is being considered for this injured worker at this time and it is not noted that spinal instability is a concern. Based on the clinical information provided, medical necessity of five view lumbar spine films with Flexion and Extension is not established.