

Case Number:	CM14-0078097		
Date Assigned:	07/18/2014	Date of Injury:	11/10/2006
Decision Date:	10/09/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	05/28/2014

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 Neurology, has a subspecialty in Clinical Neurophysiology, and is licensed to practice in Virginia. 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:

According to the records made available, the injured worker (IW) is a 47-year-old man with a date of injury of 10 November, 2006. The mechanism of injury is a fall after slipping while wearing surgical shoe covers. Prior to the request for authorization, the IW had undergone an L4-L5 and L5-S1 anterior lumbar interbody fusion on 01 October, 2013. On a clinical note in follow-up after surgery dated 04 December, 2013, he had an antalgic gait as well as burning pain subjectively in both legs. On a later clinical note dated 12/16/2013, he had subjective hypesthesia in both legs but no foot drop on exam. His symptoms subjectively had not improved as per clinical documentation of 04 February, 2014. On 02/13/2014, the IW had a CT of the lumbar spine with contrast, which showed post-operative changes at the L4-5 and L5-S1 levels with good anatomic alignment. A CT myelogram also dated 02/13/2014 showed that the anterior lumbar fusion at the L4-L5 and the L5-S1 alignment was anatomic. There was no spondylolisthesis with flexion and extension noted, and there was no impression on the thecal sac or lateral recess. On a clinical note dated 01 May, 2014, he continued to show chronic pain in the lumbar spine. His gait was antalgic and there was documented weakness on the left leg with dorsiflexion and plantar flexion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thin sliced Computed Tomography (CT) with reconstruction: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296-297.

Decision rationale: MTUS reference to ACOEM identifies red flags for serious conditions in consideration of neuroimaging studies. Such findings include specific symptoms of weakness, reflex changes or a documented positive straight leg test. The serial exams in this patient do not show red flag findings on the exam with any consistency, and there is variability of findings on different exams. The injured worker also underwent a CT of the lumbar spine with contrast on 02/13/2014 which did not show any significant neural foraminal or central canal stenosis. There was also good alignment at the post-surgical L4-L5 and L5-S1 levels. There are no documented changes in the IW's clinical exams or changes in the patient's subjective symptoms following the CT performed in February. Therefore, based on the guidelines and a review of the medical evidence, the request for a thin sliced computed tomography (CT) with reconstruction is not medically necessary.

Functional restoration and pain management: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter - Office Visits

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration guidelines section Page(s): 49.

Decision rationale: The MTUS reference to the Chronic Pain Medical Treatment Guidelines suggests that research is still ongoing as to the most appropriate method of clinical screening for functional restoration programs. Studies on the use of these programs have excluded people with extensive radiculopathies, such as this injured worker, who has already undergone an L4-L5 and L5-S1 anterior lumbar body fusion. According to the MTUS, the treatment is not suggested for patients who do not show evidence of demonstrated efficacy as documented by subjective and objective gains. According to the clinical note dated 20 March, 2014, the IW is documented to have moderately severe back pain but without a subjective dermatomal pattern to the pain. His neurologic exam showed no change from prior exams. Finally, other than the chronic use of pain medication, there is no specific plan in any of the clinical notes to assess specific clinical progress that may suggest that a functional pain restoration program may be useful. There is no documentation in the medical record as to the specific treatment frequency and duration of treatment for the functional restoration and pain management treatment. Therefore, based on the guidelines and the review of evidence, the request for Functional restoration program and pain management is not medically necessary.

