MAXIMUS Federal Services

Case Number:	CM14-0089669		
Date Assigned:	07/23/2014	Date of Injury:	05/16/2012
Decision Date:	08/27/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/13/2014

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 Orthopedic Surgery 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:

This 33-year-old male plumber sustained an industrial injury on 5/16/12. Injury occurred while pulling a long cable out of a drain. The 10/31/13 anterior and posterolateral lumbar spine x-rays did not show any musculoskeletal abnormalities. The 10/31/13 lumbar CT scan conclusion documented minimal spondylitic changes within the spine. There was an L4/5 disc bulge with mild to moderate right and moderately severe left neuroforaminal narrowing and mild canal stenosis. There was an L5/S1 disc protrusion resulting in moderate to severe bilateral neuroforaminal narrowing. The 11/20/13 lumbar spine MRI impression documented an L4/5 broad based left disc protrusion with mild hypertrophic facet joint changes and ligamentum flavum redundancy causing mild left lateral recess narrowing. There was mild degenerative disc and facet joint disease. The 2/3/14 bilateral lower extremity EMG/NCV was normal. A psychological evaluation on 12/19/13 indicated the patient had anxiety and provided instruction regarding a home program. The 11/14/13 orthopedic PQME report deemed the patient permanent and stationary. Future medical treatment was recommended for episodic flare-ups, including home exercise, heat, massage, chiropractic, physical therapy, injections and prescription medications. The 4/25/14 orthopedic report indicated that the patient received a lumbar epidural steroid injection on 4/17/14 with no relief. Subjective complaints were the same, low back pain was 5/10. Pain was associated with weakness, giving way, numbness and tingling in the left leg especially after the lumbar epidural steroid injection. Pain radiated to the legs and knees. Lumbar spine exam documented mild to moderate loss of lumbar range of motion, 4/5 weakness of the left ankle extensors, and less paravertebral tenderness. The treatment plan recommended lumbar x-rays including AP, lateral, flexion and extension views, EMG/NCV report for review, and authorization for psychological clearance prior to lumbar fusion. The 5/23/14 utilization review denied the request for lumbar x-rays as there were no objective signs of worsening symptoms or

neurologic deficits to support additional imaging. There was no documentation of a planned surgery. The request for psychological clearance was denied as there was no indication that a lumbar fusion was planned and a psychological evaluation had been provided in December.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-rays of lumbar spine; AP, lateral, flexion and extension views: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Low Back Disorders (Revised 2007), Magnetic Resonance Imaging pages 50-51.

Decision rationale: The ACOEM Revised Low Back Disorder guidelines recommend flexion and extension views for evaluating symptomatic spondylolisthesis when there is consideration for surgery or other invasive treatment. Indications include chronic severe mechanical pain suspected to be due to instability. Guidelines indicate the obtaining x-rays once is generally sufficient. For patients with chronic lower back pain, it may be reasonable to obtain a second set years later to re-evaluate the patient's condition, particularly if symptoms change. Guideline criteria have not been met. This patient underwent AP and lateral lumbar spine x-rays in October 2013. There is no compelling reason to repeat the AP and lateral projections in the absence of guideline support for routine exams. There is no evidence of spondylolisthesis on imaging or clinical findings suggestive of instability to support the medical necessity of flexion/extension films at this time. Therefore, this request for lumbar spine x-rays (AP, lateral, flexion and extension views) is not medically necessary.

Psyche clearance prior to Lumbar spine fusion surgery: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Psychological screening.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations.

Decision rationale: The California MTUS guidelines recommend the use of psychological evaluation to determine if further psychosocial interventions are indicated. Evidence based medical guidelines support the use of psychosocial screening prior to lumbar fusion surgery. Guideline criteria have not been met. The patient underwent a psychological evaluation on 12/19/13 with a diagnosis of anxiety and a home treatment program recommended. There is no indication that the patient's home program has failed to provide benefit. There is no current indication that a lumbar fusion surgery has been established as medically necessary or has been

requested. Therefore, this request for psyche clearance prior to lumbar spine fusion surgery is not medically necessary.