

<b>Case Number:</b>	CM14-0189516		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	11/04/1997
<b>Decision Date:</b>	03/09/2015	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

69 y/o female injured worker with date of injury 11/4/97 with related left upper back and low back pain. Per progress report dated 9/11/14, the injured worker complained of left upper back and low back pain referring to the left more than right lower extremity. Per physical exam, Gillet sign was positive bilaterally. There was moderate pain noted over the left greater than right L2-L3, L3-L4, and L4-L5 levels. The compression of bilateral sacroiliac joints was painful. Lordosis was decreased. There were spasms of the right greater than left paraspinal areas. Straight leg raise test was positive bilaterally. There was hyperalgesia of the left leg and ankle or foot noted. The deep tendon reflexes were 0/4 in the bilateral Achilles, 2/4 at the right patella, and 1/4 at the left patella. The date of UR decision was 10/22/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar flex ext X-ray:** Overturned

**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, Radiography Section

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

**Decision rationale:** ACOEM guidelines support ordering of imaging studies for emergence of red flags, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Review of the submitted documentation indicates that the injured worker was approved for SI lateral branch block bilaterally at S1, S2, S3. The results of the procedure should be assessed and documented prior to seeking additional diagnostic studies. Medical necessity cannot be affirmed on the basis of further investigation to treat pain alone at this time. However as there are significant neurologic findings, and this study will evaluate for instability or spondylolisthesis, it is medically necessary.

**Follow up for post lateral branch block and X-ray:** Overturned

**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, Office Visits Section

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 27.

**Decision rationale:** The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. The requested follow up is medically necessary to evaluate the response to the approved lateral branch block and to interpret the approved imaging studies.