

Case Number:	CM14-0070151		
Date Assigned:	07/14/2014	Date of Injury:	03/22/2013
Decision Date:	03/11/2015	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/15/2014

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

Certification(s)/Specialty: Emergency Medicine

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 68 year old male, who sustained an industrial injury on 3/22/2013. The diagnoses have included lumbar spondylosis and degenerative disease, chronic lumbar strain and L4-L5 grade 1 spondylolisthesis with severe central and bilateral foraminal stenosis. Treatment to date has included physical therapy, acupuncture and pain medications. Magnetic resonance imaging (MRI) of the lumbar spine from 2/13/2014, revealed the presence of multilevel degenerative changes with associated disc bulges and facet arthropathy resulting in foraminal stenosis. According to the Primary Treating Physician's Progress Report from 12/5/2013, the injured worker complained of low back pain, left-sided buttock pain and left-sided posterior thigh pain. The pain was exacerbated by prolonged sitting and prolonged walking and was relieved by lying down. Objective findings revealed that the injured worker walked with a limp on the left lower extremity. He was tender to palpation in the low back paraspinal musculature and over the region of the left, posterior, superior iliac spine. Treatment recommendations were for diagnostic and therapeutic bilateral computerized tomography (CT)-guided sacroiliac joint injections, x-rays of bilateral hips and x-rays of the lumbar spine to assess for instability and physical therapy for lumbar spine strengthening and stretching exercises, 12 visits. On 4/25/2014, Utilization Review (UR) non-certified a request for an x-ray of the lumbar spine, noting that there was no diagnosis or condition for which lumbar x-rays were indicated. UR non-certified a request for physical therapy two times a week for six weeks, noting that there was no documentation of objective improvement with the previous treatment. UR non-certified a request for bilateral computerized tomography (CT)-guided injections of the lumbar spine noting that

there was no documentation of at least three positive exam findings. The MTUS, ACOEM and ODG Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 304. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Special Studies, Page 303. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic), Radiography (x-rays)

Decision rationale: The requested X-ray of the lumbar spine is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Special Studies and Diagnostic and Treatment Considerations, Page 303 note 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; and Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Radiography (x-rays) note Radiography (x-rays) - Not recommend, routine x-rays in the absence of red flags. The injured worker has low back pain, left-sided buttock pain and left-sided posterior thigh pain. The pain was exacerbated by prolonged sitting and prolonged walking and was relieved by lying down. The treating physician has documented that the injured worker walked with a limp on the left lower extremity. He was tender to palpation in the low back paraspinal musculature and over the region of the left, posterior, superior iliac spine. The treating physician has not documented applicable red flag conditions. The criteria noted above not having been met, X-ray of the lumbar spine is not medically necessary.

Physical therapy of lumbar spine two times a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Passive therapy. Decision based on Non-MTUS Citation Official Disability Guidelines Low back chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Page 300. Decision based on Non-MTUS Citation ODG Physical Therapy Guidelines, Low Back Complaints, Physical Therapy

Decision rationale: CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Low Back Complaints, Page 300 and ODG Treatment in Workers Compensation, ODG Physical Therapy Guidelines, Low Back complaints, Physical Therapy, recommend continued physical therapy with documented derived functional benefit. The injured worker has low back pain, left-sided buttock

pain and left-sided posterior thigh pain. The pain was exacerbated by prolonged sitting and prolonged walking and was relieved by lying down. The treating physician has documented that the injured worker walked with a limp on the left lower extremity. He was tender to palpation in the low back paraspinal musculature and over the region of the left, posterior, superior iliac spine. The treating physician has not documented sufficient objective evidence of derived functional benefit from completed physical therapy sessions. The criteria noted above not having been met, the request for lumbar spine physical therapy is not medically necessary.

Bilateral CT-guided injection of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines and Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hip & Pelvis (Acute & Chronic), Sacroiliac joint blocks

Decision rationale: CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Low Back Complaints, Page 300 and ODG Treatment in Workers Compensation, ODG Physical Therapy Guidelines, Low Back complaints, Physical Therapy, recommend continued physical therapy with documented derived functional benefit. The injured worker has low back pain, left-sided buttock pain and left-sided posterior thigh pain. The pain was exacerbated by prolonged sitting and prolonged walking and was relieved by lying down. The treating physician has documented that the injured worker walked with a limp on the left lower extremity. He was tender to palpation in the low back paraspinal musculature and over the region of the left, posterior, superior iliac spine. The treating physician has not documented sufficient objective evidence of derived functional benefit from completed physical therapy sessions. The criteria noted above not having been met, the request for lumbar spine physical therapy is not medically necessary.