

Case Number:	CM15-0185009		
Date Assigned:	09/25/2015	Date of Injury:	03/28/2005
Decision Date:	12/08/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/21/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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:

This injured worker is a 44 year old male who reported an industrial injury on 3-28-2005. His diagnoses, and or impressions, were noted to include: status post bilateral sacroiliac joint arthrodesis and internal fixation surgery (12-17-12); failure of fixation right sacroiliac joint; post laminectomy and failed back surgery syndrome; lumbar radiculopathy; lumbar arthrodesis and hardware removal (9-1-13); lumbar pain; fracture of both lower extremities after turbulent trauma (10-2014); and presumed osteoporosis-bone metabolic disorder likely related to chronic opioid use. No current imaging studies were noted; magnetic resonance imaging of the lumbar spine without contrast was noted done on 7-12-2011, 5-14-2013, and 10-31-2013, with the last one showing hardware removal without stenosis or narrowing, computed tomography scan of the lumbar spine on 8-1-2011, computed tomography of the pelvis on 12-18-2012, x-rays of the lumbar spine and pelvis on 3-19-2013 and lumbosacral x-rays on 1-21-2015. His treatments were noted to include: a qualified medical re-evaluation on 1-7-2015; injection therapy (7-25-13); and medication management. The progress notes of 8-18-2015 reported a follow-up visit for complaints which included: improvement in his bilateral buttock and lower extremity pain, numbness, and tingling, and of mid-line low back pain as compared to the previous visit on 7-14-2015; and complaints of a stabbing pain, numbness and tingling in the left and right, stabbing pain in both buttocks, and stabbing pain in the low back, mid-line. The objective findings were noted to include: tenderness over the "PSIS"; FABER test, lateral leg lift, sheer test and bilateral thigh thrust without neurological deficits in the lower extremities; decreased knee and ankle jerks; a negative examination; hamstring tightness on the ipsilateral side only with straight leg

exam; tenderness over the lumbar, mid-line with percussion and lumbar extension of 20% with flexion of 75%; and that he ordered testosterone level, vitamin D level and serum calcium level on 1-23-2015 that were denied in April 2015. The physician's requests for treatment were noted to include: lumbar magnetic resonance imaging to assess any neurologic impingements above the fusion, plain x-rays of the lumbar spine with standing, flexion, extension, lateral bending, oblique views to assess alignment and stability above the fusion; "AP" plain x-ray of the pelvis and views of both sacroiliac joints to help determine if there is any radiographic evidence of loosening of screws; and vitamin D 25-OH, serum calcium, and parathyroid hormone level. Laboratories, which included vitamin-D OH, noted to be within normal limits, was noted done on 9-15-2013. The Request for Authorization, dated 8-25-2015, was noted to include: magnetic resonance imaging lumbar spine, no contrast; sacroiliac joint block. The scheduling instructions, dated 8-18-2015, noted: magnetic resonance imaging of the lumbar spine with no contrast; sacroiliac joint block; x-rays of the lumbar spine in multiple views, bilateral sacroiliac joint, and pelvis; and multiple hand-written laboratories which were mostly illegible. The Utilization Review of 9-9-2015 non-certified the request for: magnetic resonance imaging studies of the lumbar spine without contrast, 1 sacroiliac joint block, 1 x-ray of the lumbar spine in multiple views, and laboratory tests for vitamin D-25 OH, serum calcium, para-thyroid hormone level, and free and total testosterone levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of the lumbar spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar & Thoracic (Acute & Chronic) - Magnetic resonance imaging (MRIs).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria, Physical Examination, Initial Care, Follow-up Visits, Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, MRIs (magnetic resonance imaging).

Decision rationale: Regarding the request for 1 MRI of the lumbar spine without contrast, Occupational Medicine Practice Guidelines state that 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 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. ODG states that MRIs are recommended for uncomplicated low back pain with radiculopathy after at least one month of conservative therapy. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Within the documentation available for review, there is no identification of any objective findings that identify specific nerve compromise on the neurologic exam. Additionally, there is no statement indicating what medical decision-making will be based upon the outcome of the currently requested MRI. Furthermore, there is no documentation indicating how the patient's subjective

complaints and objective findings have changed since the time of the most recent MRI of the lumbar spine. In the absence of clarity regarding those issues, the currently requested 1 MRI of the lumbar spine without contrast is not medically necessary.

1 sacroiliac joint block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis (Acute & Chronic) - Sacroiliac joint blocks.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): General Approach, Initial Assessment, Medical, Physical Examination, Diagnostic Criteria, Work-Relatedness, Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis Chapter, Sacroiliac Blocks.

Decision rationale: Regarding the request for 1 sacroiliac joint block, Occupational Medicine Practice Guidelines state invasive techniques are of questionable merit. ODG recommend sacroiliac blocks as an option if the patient has failed at least 4 to 6 weeks of aggressive conservative therapy. The criteria include: history and physical examination should suggest a diagnosis with at least three positive exam findings and diagnostic evaluation must first address any other possible pain generators. Guidelines go on to state that in the treatment or therapeutic phase (after the stabilization is completed), the suggested frequency for repeat blocks is 2 months or longer between each injection, provided that at least 70% pain relief is obtained for 6 weeks. If helpful, the blocks may be repeated; however, the frequency of these injections should be limited with attention placed on the comprehensive exercise program. Within the documentation available for review, there is no mention of failure of conservative treatment directed towards the sacroiliac joint for at least 4-6 weeks. Additionally, there is no documentation that the last block on 11-11-2014 provided 70% pain relief for 6 weeks. As such, the currently requested 1 sacroiliac joint block are not medically necessary.

1 x-ray of the lumbar spine with standing flexion, extension, lateral bending and oblique views: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar & Thoracic (Acute & Chronic) - Radiography (x-rays), Official Disability Guidelines (ODG), Hip & Pelvis (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): General Approach, Initial Assessment, Medical, Physical Examination, Diagnostic Criteria, Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Radiographs and Flexion/extension imaging studies.

Decision rationale: Regarding request for 1 x-ray of the lumbar spine with standing flexion, extension, lateral bending and oblique views, Occupational Medicine Practice Guidelines state that 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 6 weeks. However, it may be appropriate when the physician believes it would aid in patient management. Guidelines go on to state that subsequent imaging should be based on new symptoms or a change in current symptoms. Within the documentation available for review, it is clear the patient has had substantial imaging already provided in the form of MRI. There is no statement indicating how the patient's symptoms or findings have changed since the time of the most recent imaging. 1-21-2015 the patient had x-rays of the lumbar spine with flexion, extension, lateral, and oblique views with postoperative changes and no acute finding. Additionally, the requesting physician has not stated how his medical decision-making will be changed based upon the outcome of the currently requested lumbar x-ray. In the absence of clarity regarding those issues, the currently requested 1 x-ray of the lumbar spine with standing flexion, extension, lateral bending and oblique views is not medically necessary.

1 vitamin D 25-OH blood test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical services commission. Osteoporosis: diagnosis, treatment and fracture prevention. Vancouver (BC): British Columbia Medical Services Corporation; 2011 May 1. 15 p.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation emedicine.medscape.com.

Decision rationale: Regarding the request for 1 vitamin D 25-OH blood test, California MTUS and ODG do not address the issue. A vitamin D 25-OH blood test is ordered as a way to look for vitamin D insufficiency; inadequate vitamin D levels can predispose persons to osteoporosis. In the United States, current diagnostic and treatment criteria for osteoporosis are based solely on QCT hip and DXA spine or hip T-score measurements. Within the documentation available for review, the provider notes that this is to look for bone mineral and bone strength deficiency; to assess bone quality. However the patient does not have a diagnosis yet for osteoporosis. Thus looking for possible secondary causes of osteoporosis before a diagnosis of osteoporosis has been made with the already approved DEXA scan is premature. In light of the above issues, the currently requested 1 vitamin D 25-OH blood test is not medically necessary.

1 serum calcium test: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation emedicine.medscape.com.

Decision rationale: Regarding the request for 1 serum calcium test, California MTUS and ODG do not address the issue. A serum calcium test is ordered as a way to look for underlying disease states (eg, severe hypercalcemia may reflect underlying malignancy or hyperparathyroidism; hypocalcemia can contribute to osteoporosis). In the United States, current diagnostic and

treatment criteria for osteoporosis are based solely on QCT hip and DXA spine or hip T-score measurements. Within the documentation available for review, the provider notes that this is to look for bone mineral and bone strength deficiency; to assess bone quality. However the patient does not have a diagnosis yet for osteoporosis. Thus looking for possible secondary causes of osteoporosis before a diagnosis of osteoporosis has been made with the already approved DXA scan is premature. In light of the above issues, the currently requested 1 serum calcium test is not medically necessary.

1 parathyroid hormone level: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation emedicine.medscape.com.

Decision rationale: Regarding the request for 1 parathyroid hormone level, California MTUS and ODG do not address the issue. A parathyroid hormone level is ordered in ruling out hyperparathyroidism; an elevated PTH level may be present in benign familial hypocalciuric hypercalcemia. In the United States, current diagnostic and treatment criteria for osteoporosis are based solely on QCT hip and DXA spine or hip T-score measurements. Within the documentation available for review, the provider notes that this is to look for bone mineral and bone strength deficiency; to assess bone quality. However the patient does not have a diagnosis yet for osteoporosis. Thus looking for possible secondary causes of osteoporosis before a diagnosis of osteoporosis has been made with the already approved DXA scan is premature. In light of the above issues, the currently requested 1 parathyroid hormone level is not medically necessary.

1 testosterone free and total lab test: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.mayomedicallaboratories.com, emedicine.medscape.com, Int J Clin Pract. 2010 May.

Decision rationale: Regarding the request for 1 testosterone free and total lab test, California MTUS and ODG do not address the issue. A testosterone free and total lab test may help evaluate a sex hormone deficiency as a secondary cause of osteoporosis. Measurement of total testosterone is often sufficient for diagnosis, particularly if it is combined with measurements of LH and follicle-stimulation hormone. However, these tests may be insufficient for diagnosis of mild abnormalities of testosterone homeostasis. Additional measurements of free testosterone or bioavailable testosterone are recommended in this situation. In the United States, current diagnostic and treatment criteria for osteoporosis are based solely on QCT hip and DXA spine or hip T-score measurements. Within the documentation available for review, the provider notes

that this is to look for bone mineral and bone strength deficiency; to assess bone quality. However the patient does not have a diagnosis yet for osteoporosis. Thus looking for possible secondary causes of osteoporosis before a diagnosis of osteoporosis has been made with the already approved DXA scan is premature. Furthermore, if looking for hypogonadism from opioid use only total testosterone and not free testosterone as well are needed as a first step test but unfortunately, there is no provision to modify the current request. In light of the above issues, the currently requested 1 testosterone free and total lab test is not medically necessary.