MAXIMUS Federal Services

Case Number:	CM15-0190782		
Date Assigned:	10/02/2015	Date of Injury:	10/15/2011
Decision Date:	11/18/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	09/28/2015

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, 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:

The injured worker is a 50-year-old female who sustained an industrial injury on 10-15-2011. Diagnoses have included lumbago, muscle spasm, and intervertebral disc disorder. Previous diagnostic tests related to the low back include diagnostic hardware injections, lumbar X-ray 5-13-2015 which was compared to 9-17-2014 X-ray finding "stable, mild degenerative changes," and the last MRI documented was in 3-2012. Documented treatment includes Lumbar fusion L4-S1 in 2012, ice, Toradol injections, home exercise, physical therapy, chiropractic treatments, massage, and medication including Celebrex, Prilosec, Trazadone, Tizanidine, Voltaren Gel, Lidoderm patch, Norco and Ambien. Documentation shows that she had acupuncture prior to her surgery, but no details are provided. The injured worker continues to report worsening symptoms. On 9-14-2015 she rated her pain as 8 out of 10 and the physician noted muscle tenderness with decreased range of motion. The treating physician's plan of care includes a trial course of 9 acupuncture treatments which were modified to 6, and an MRI and CT scan of the lumbar back which were both denied. Determination was made on 9-21-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of The Lumbar Spine Quantity #1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, MRIs (Magnetic resonance imaging).

Decision rationale: Per the ODG guidelines with regard to MRI of the lumbar spine: Recommended for indications below. MRIs are test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). (Bigos, 1999) (Mullin, 2000) (ACR, 2000) (AAN, 1994) (Aetna, 2004) (Airaksinen, 2006) (Chou, 2007) Magnetic resonance imaging has also become the mainstay in the evaluation of myelopathy. An important limitation of magnetic resonance imaging in the diagnosis of myelopathy is its high sensitivity. Indications for imaging Magnetic resonance imaging: Thoracic spine trauma: with neurological deficit; Lumbar spine trauma: trauma, neurological deficit; Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit); Uncomplicated low back pain, suspicion of cancer, infection, other “red flags”; Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. Uncomplicated low back pain, prior lumbar surgery; Uncomplicated low back pain, cauda equina syndrome; Myelopathy (neurological deficit related to the spinal cord), traumatic; Myelopathy, painful; Myelopathy, sudden onset; Myelopathy, stepwise progressive; Myelopathy, slowly progressive; Myelopathy, infectious disease patient; Myelopathy, oncology patient; Repeat MRI: When there is significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). X-ray of the lumbar spine dated 5/14/15 revealed no acute radiographic abnormalities; stable postsurgical changes were present L4 through S1 with superimposed mild degenerative changes; stable minimal anterolisthesis of L5 on S1. The documentation submitted for review does not contain positive physical examination findings regarding the lumbar spine or indication of subjective complaints of pain to the lumbar spine noted for review that would support the role of an MRI. There are no documented motor, sensory or functional deficits, or aforementioned indication. Without evidence of acute change in injured worker's clinical symptoms or positive physical examination findings, an MRI is not supported. The request is not medically necessary.

CT of Lumbar Spine # 1: 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 Official Disability Guidelines (ODG) Low Back, CT (computed tomography).

Decision rationale: Per the ODG guidelines regarding CT: Not recommended except for indications below for CT. (Slebus, 1988) (Bigos, 1999) (ACR, 2000) (Airaksinen, 2006) (Chou, 2007) Magnetic resonance imaging has largely replaced computed tomography scanning in the noninvasive evaluation of patients with painful myelopathy because of superior soft tissue resolution and multi-planar capability. (Seidenwurm, 2000) The new ACP/APS guideline as compared to the old AHCPR guideline is more forceful about the need to avoid specialized diagnostic imaging such as computed tomography (CT) without a clear rationale for doing so. (Shekelle, 2008) A new meta-analysis of randomized trials finds no benefit to routine lumbar imaging (radiography, MRI, or CT) for low back pain without indications of serious underlying conditions, and recommends that clinicians should refrain from routine, immediate lumbar imaging in these patients. (Chou-Lancet, 2009) Primary care physicians are making a significant amount of inappropriate referrals for CT and MRI, according to new research published in the Journal of the American College of Radiology. There were high rates of inappropriate examinations for spinal CTs (53%), and for spinal MRIs (35%), including lumbar spine MRI for acute back pain without conservative therapy. (Lehnert, 2010) For suspected spine trauma (ie, fractures, lumbar or cervical), thin-section CT examination with multi-planar reconstructed images may be recommended. Image software post-processing capabilities of CT, including multi-planar reconstructions and 3-dimensional display (3D), further enhance the value of CT imaging for reconstructive trauma surgeons. (Daffner, 2009) If there is a contraindication to the magnetic resonance examination such as a cardiac pacemaker or severe claustrophobia, computed tomography myelography, preferably using spiral technology and multi-planar reconstruction is recommended. See the Neck Chapter. Indications for imaging, Computed tomography: Thoracic spine trauma: equivocal or positive plain films, no neurological deficit; Thoracic spine trauma: with neurological deficit; Lumbar spine trauma: trauma, neurological deficit; Lumbar spine trauma: seat belt (chance) fracture; Myelopathy (neurological deficit related to the spinal cord), traumatic; Myelopathy, infectious disease patient; Evaluate pars defect not identified on plain x-rays; Evaluate successful fusion if plain x-rays do not confirm fusion (Laasonen, 1989). Per the medical records submitted for review, it appears that a CT scan was previously authorized, but it is not clear whether or not it was completed. As the request is duplicative, the request is not medically necessary.

Trial Course Acupuncture -Lumbar Spine # 9: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Per Acupuncture Medical Treatment Guidelines p9, "(c) Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20." The MTUS definition of functional improvement is as follows: "Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS)

pursuant to sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment." Per the citation above, up to 6 treatments are recommended over the course of 2 months to produce functional improvement. The request for 9 sessions is in excess of the guidelines. The request is not medically necessary.