MAXIMUS Federal Services

Case Number:	CM14-0119325		
Date Assigned:	08/06/2014	Date of Injury:	11/12/2008
Decision Date:	10/10/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/28/2014

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 Pain Management 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:

The injured worker is a 46-year-old male who sustained work-related injuries on November 12, 2008. Prior treatments include anterior-posterior fusion at L4-L5 for spondylolisthesis/instability in October 2013, assistive devices, medications, physical therapy for the lumbar spine, and bilateral subacromial injections. Prior x-ray of the lumbar spine dated January 23, 2014, noted (a) lumbosacral transitional segment at L5; (b) posterior spinal fusion with transpedicular screws, rods, interbody spacer, anterior plate, and screws are seen spanning L4-L5. There is no definitive evidence of hardware failure, infection, or loosening. (c) Wide laminectomies, L4 and L5; (d) anterior shift, lumbar gravity line; and (e) left convexity of the lower thoracic and lumbar spine. The magnetic resonance imaging scan of the lumbar spine dated August 17 2012 documents (a) at the L5-S1 level; there is a 3-4mm left paracentral disc protrusion with subtle high intensity zone seen in the posterior annulus consistent with a posterior annular tear. There is also mild-to-moderate ligamentum flavum and facet hypertrophy. These findings cause moderate to severe neural foraminal narrowing on the left, a moderate neural foraminal narrowing on the right with impingement on the L5 and S1 nerve root levels. There is indentation on the L5 and S1 nerve roots on the right but no significant central spinal stenosis; (b) at the L4-5 level, there is a 2-3mm right paracentral disc protrusion. There is also mild ligamentum flavum and facet hypertrophy but no significant neural foraminal narrowing or central spinal canal stenosis; and (c) there is mild kyphosis at the T12-L1 level. The thoracic spine magnetic resonance imaging noted (a) mild-to-moderate S-shaped scoliosis with a dextro component centered at the mid thoracic spine and levo component centered over the T12-L1 level. (b) At the T12-L1 level, there is a 2-3 mm disc protrusion with no significant central spinal canal stenosis or neural foraminal narrowing. The most recent notes dated May 7, 2014 indicated that the injured worker continued to note improvement with respect to strength of the lower back and posture. He noted numbness in the

right leg. He rated his lower back pain as 5/10 and continued to experience significant pain in the coccyx which he rated at 8/10 with continued weakness in the right leg. The lumbar spine examination noted muscle spasms next to the spinous processes. His flexion and extension was limited due to pain. The straight leg raising test and Lasegue's test were positive bilaterally. The shoulder examination noted stiffness with elevation past 110 degrees bilaterally. Crepitus and positive impingement sign was noted. The Hawkin's sign was also positive. The cervical spine examination noted pain with extension. The Spurling's test was positive. He is diagnosed with (a) lumbar instability L4-L5, (b) status post anterior interbody fusion and posterior spinal instrumentation and fusion at L4/5, (c) below shoulder impingement, and (d) cervical radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine X-ray with AP (anteroposterior) /lateral flexion/extension views: 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 - Lumbar & Thoracic (Acute & Chronic), Radiography (x-rays)

Decision rationale: A review of this injured worker's documents that he had two prior lumbar x-rays for the year 2014 with no significant changes noted. Official Disability Guidelines indicate that routine x-rays in the absence of red flags are not recommended and the presented clinical documents do not indicate that he meets any of the indications for x-rays. There is also no presented justification as why there is another need for lumbar x-rays. Therefore, the medical necessity of the requested lumbar spine x-ray with anteroposterior/lateral flexion/extension views is not established.

Physical Therapy 2 times a week for 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines physical medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Physical therapy (PT) and (ODG) Shoulder (Acute & Chronic), Physical therapy

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend home exercise and fading of the frequency of skilled treatments. Home exercise allows the worker to maintain the gains already achieved in supervised care. The records indicate that the injured worker has been undergoing physical therapy to the lumbar spine but there is no indication that he had physical therapy sessions to the neck and shoulder. However, Official Disability Guidelines

indicate that an initial 6 sessions are warranted as a trial to find out its efficacy. The requested physical therapy sessions is totaled at 12 sessions which exceeds the recommended number as a trial. Therefore, the requested physical therapy twice per week for three weeks for the neck and right shoulder is not medically necessary.

Ganglion Block Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http:/mcgs.bcbsfl.com/?doc=Nerve

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympa.

Decision rationale: According to Chronic Pain Medical Treatment Guidelines, coccygeal ganglion block is considered not medically necessary as there is insufficient peer-reviewed clinical date to support its efficacy in injured worker treatment.