MAXIMUS Federal Services

Case Number:	CM13-0066706		
Date Assigned:	04/02/2015	Date of Injury:	04/15/2013
Decision Date:	05/01/2015	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/16/2013

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: New Jersey
Certification(s)/Specialty: Family Practice

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 66 year old, male, who sustained a work related injury on 4/5/13. The diagnoses have included L1 compression fracture, degenerative disc and joint disease and spondylolisthesis L5-S1. Treatment has included MRIs of lumbar spine on 5/22/13 and 10/18/13, selective nerve root blocks on 11/6/13 and physical therapy with no benefit. In the PR-2 dated 11/5/13, the injured worker complains of aching burning, shooting, sharp low back pain with radiation to left leg. The left leg is numb. He rates his pain a 7/10. The pain is affecting his activities. He has tenderness to palpation of lumbar paraspinous muscles. The treatment plan is a request for the injured worker to see a physician for a vertebroplasty. There is no noted request for an MRI lumbar spine.

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: 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), MRI's.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back section, MRI.

Decision rationale: MTUS Guidelines for diagnostic considerations related to lower back pain or injury require that for MRI to be warranted there needs to be unequivocal objective clinical findings that identify specific nerve compromise on the neurological examination (such as sciatica) in situations where red flag diagnoses (cauda equina, infection, fracture, tumor, dissecting/ruptured aneurysm, etc.) are being considered, and only in those patients who would consider surgery as an option. In some situations where the patient has had prior surgery on the back, MRI may also be considered. The MTUS also states that if the straight-leg-raising test on examination is positive (if done correctly) it can be helpful at identifying irritation of lumbar nerve roots, but is subjective and can be confusing when the patient is having generalized pain that is increased by raising the leg. The Official Disability Guidelines (ODG) state that for uncomplicated low back pain with radiculopathy MRI is not recommended until after at least one month of conservative therapy and sooner if severe or progressive neurologic deficit is present. The ODG also states that repeat MRI should not be routinely recommended, and should only be reserved for significant changes in symptoms and/or findings suggestive of significant pathology. The worker in this case, there was insufficient evidence of the worker having a significant change in his symptoms in order to required a repeat MRI after the previous imaging studies already performed. Without clear subjective and objective evidence to suggest, an anatomical change would likely be seen on the MRI, the request for repeat MRI will be considered medically unnecessary. Therefore, the requested treatment is not medically necessary.

Referral for vertebroplasty: 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), Vertebroplasty.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation ODG, Low back section, Vertebroplasty.

Decision rationale: The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted if a diagnosis is uncertain, or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. The MTUS does not discuss vertebroplasty. However, the ODG does not recommend vertebroplasty based on more recent quality studies, which showed that it was no better than placebo. Typically, this procedure would be considered in unusual cases of severe pain related to an acute compression vertebral fracture for temporary relief of pain until it heals on its own. The criteria for consideration of this procedure includes: 1. Severe debilitating pain or loss of mobility that cannot be relieved by correct medical therapy, 2. Other causes of pain such as herniated intervertebral disk have been ruled out by computed tomography

or magnetic resonance imaging, and, 3. The affected vertebra has not been extensively destroyed and is at least one third of its original height. In the case of this worker, the injury was years prior to this request, and the reported pain was not severe. Also, the worker also has other causes of pain in the lumbar area. Therefore, referral for vertebroplasty will be considered medically unnecessary due to not fulfilling the criteria. Therefore, the requested treatment is not medically necessary.