

Case Number:	CM14-0193789		
Date Assigned:	12/01/2014	Date of Injury:	07/14/2011
Decision Date:	01/15/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/19/2014

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 Emergency Medicine and is licensed to practice in New York. 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:

This is a 40 year old male with a work related injury dated 07/14/2011. The mechanism of injury was not noted in the received medical records or in the Utilization Review report. According to an orthopedic progress report dated 10/20/2014, the injured worker presented with complaints of mid to low back pain radiating into the bilateral buttocks and down the posterior thigh to the right calf. Diagnoses included L5-S1 neural foraminal stenosis, acute right leg radiculopathy, L4-5 degenerative disc disease, status post L4-5 TLIF (Transforaminal Lumbar Interbody Fusion) 02/27/2013, and left greater trochanteric bursitis. Treatments have consisted of epidural injections, chiropractic therapy, and medications. Diagnostic testing included x-rays of the lumbar spine dated 10/20/2014 showing hardware posteriorly L4-5 without loosening or fracture, interbody fusion at L4-5 appears solid, and L5-S1 moderate disc height loss without instability. Work status is noted as permanent and stationary disability. On 11/06/2014, Utilization Review non-certified the request for CT Scan of Lumbar Spine, one Level Facet Block/MBB (Medial Branch Block) level unspecified, and Pain Management consultation citing Official Disability Guidelines. The Utilization Review physician stated the medical records did not document current x-rays of the lumbar spine and no MRI findings that would support the need for a CT scan of the lumbar spine and no rationale indicating the injured worker possibly had a pseudoarthrosis at the fusion. With the level of facet block being requested not known and with the injured worker having a radiculopathy and effusion, both of which are contraindications to facet blocks. With the facet block not being necessary, a pain management consult performing a facet block is not necessary. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Scan of 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), Lumbar Chapter-CT myelogram

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, CT (computed tomography)

Decision rationale: Imaging of the lumbosacral spine is indicated in patients with unequivocal objective findings that identify specific nerve compromise on the neurologic examination who do not respond to treatment and who 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. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. Further investigation is indicated in patients with history of tumor, infection, abdominal aneurysm, or other related serious conditions, who have positive findings on examination. 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 multiplanar capability. Per ODG -Indications for 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 In this case the patient underwent MRI in April 2014. Documentation does not support that the patient has had any change in symptoms, or that there is a significant change in physical examination. There is no indication for further imaging of the lumbar spine. The request is not medically necessary.

Pain management consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 3 Initial Approaches to Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: UpToDate; Evaluation of Chronic Pain in Adults

Decision rationale: Many patients with chronic pain may be managed without specialty referral. Patients may require referral to a pain specialist for the following reasons: - Symptoms that are debilitating- Symptoms located at multiple sites- Symptoms that do not respond to initial therapies- Escalating need for pain medication In this case the patient is being referred to pain

management for facet block. Facet block is not indicated. Referral to pain management is not necessary. The request is not medically necessary.