

Case Number:	CM15-0002757		
Date Assigned:	01/13/2015	Date of Injury:	06/13/1997
Decision Date:	03/18/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/06/2015

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: New York
 Certification(s)/Specialty: Neurological Surgery

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 65 year old woman sustained an industrial injury at a convalescent hospital on 06/13/1997 suffering back and hip injury when she tried to catch a falling patient. According to the AME on 10/10/2012 who had seen the patient in 1999, 2003, 4 and 2011 she had had right leg pain, a MRI showed degenerative disc disease, her pain continued and she was placed on temporary total disability. Her bone scan was normal. In May 1999 she fractured her right shoulder. She used a cane intermittently. A second lumbar MRI showed degenerative disease. EMG and NCVs were normal. Epidural injections and physical therapy were given with some improvement. She had an arthroscopic procedure on her shoulder to remove bone spurs and repair a rotator cuff tear and SLAP lesion. She then developed capsulitis and NCVs then showed a mild right carpal tunnel syndrome. In September 2003 she had shoulder manipulation under anesthesia followed by more physical therapy and a home exercise program. She received a cortisone injection in her lower back in May 2003 and early 2004. She had another slip and fall when her right leg gave out exacerbating low back and right shoulder and leg pain. On the 10th of October 2012 she complained of right shoulder pain on the tip of her shoulder which was sore to use. She felt as if the pain were in her bone. She opened car doors with her left side, avoided overhead reaching but had no limitations of fine finger work. On examination she had a normal cervical lordosis, slight scapular winging, no muscle spasm, some acromioclavicular tenderness and normal shoulder stability and no weakness. In September 2012 she underwent a radiofrequency neurotomy right L1-L5 neurolysis with 50-80% improvement. The PR2 of 04/02/2014 indicated she had back, low back pain of 8/10 described as aching, burning, stabbing,

throbbing which went into her buttocks worsened by flexion and extension with associated leg weakness. On 11/10/2014 she presented with complaints of back and leg pain. On examination of her back standing range of motion was 70 degrees. Knee bending was diminished. The injured worker had to rest her hands on the wall while walking. She could not stand for more than 10 minutes and must sit and change positions. Other significant past medical history includes adult onset diabetes mellitus, high blood pressure, pseudocysts of the pancreas, a small stroke and carpal tunnel release. MRI of 12/20/2013 revealed grade 1 anterolisthesis lumbar 3 - 4 and early listhesis lumbar 4 - 5 with advanced canal stenosis. There was some lumbar 5 - sacral 1 left nerve root foraminal stenosis. Diagnoses included grade 1 lumbar 3 - 4 spondylolisthesis, disc protrusion with axial low back pain, stenosis, neurogenic pseudo claudication and radiculopathy, Left lumbar 5 - sacral 1 foraminal stenosis, bilateral hip trochanteric bursitis and right shoulder surgery times 3. The provider requested CT of lumbar spine, 5 views of lumbar spine with flexion and extension, global arthrodesis (anterior and posterior) at lumbar 3 - 4 and lumbar 4 -5 On 12/11/2014 utilization review non-certified the requests for global arthrodesis (anterior) lumbar 3 - 4 and lumbar 4 - 5 and global arthrodesis (posterior) lumbar 3 - 4 and lumbar 4 - 5 noting the MRI does not reveal severe foraminal stenosis in a consistent pattern with the patient's symptoms and examinations. The claimant is noted to have significant medical comorbidities as well as being on multiple medications. The risks of the surgical procedure which are significant outweigh any potential benefits to fusion. MTUS and ACOEM were cited. The request for CT of lumbar spine and 5 views of lumbar spine with flexion and extension were non-certified stating as surgery is not recommended, imaging for any preoperative planning is not indicated. ODG and ACOEM were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307,309.

Decision rationale: The request for a computerized tomographic scan is not recommended according to California MTUS guidelines (pg309). The worker has already had MRI scans of the lumbar spine. In addition the request is connected to the request for global lumbar arthrodesis which also does not comply with California MTUS guidelines (p.307) The worker does not have evidence of instability. Lumbar fusion is not recommended for degenerative lumbar spondylosis.

5 view Lumbar Spine with flexion and extension: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: California MTUS guidelines specifically state lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags. Documentation shows the worker does not have any. Moreover, the worker has had MRI scans of the lumbar spine. While MTUS guidelines state lumbar spine x rays may be appropriate if the physician believes they will aid in the management, documentation is not supplied about how they would aid. In addition this request is coupled with a request for lumbar spinal fusion which does not comply with MTUS criteria.

Global arthrodesis (anterior) L3-L4 and L4-L5: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

Decision rationale: In the absence of instability the request for global lumbar arthrodesis does not comply with California MTUS guidelines.(p.307) The worker does not have evidence of instability. Lumbar fusion is not recommended for degenerative lumbar spondylosis.

Global arthrodesis (posterior) L3-L4 and L4-L5: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 307.

Decision rationale: In the absence of instability the request for global lumbar arthrodesis does not comply with California MTUS guidelines.(p.307) The worker does not have evidence of instability. Lumbar fusion is not recommended for degenerative lumbar spondylosis.