

Case Number:	CM15-0012100		
Date Assigned:	01/29/2015	Date of Injury:	08/31/1991
Decision Date:	03/26/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/21/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 65-year-old female who reported injury on 08/31/1991. Prior treatments included a brace and a cane. The injured worker was noted to undergo an MRI of the thoracic spine in 2014. The documentation of 08/22/2014 revealed the injured worker had increasing kyphosis or forward tilt to her body and increasing pain around her ribcage. The mechanism of injury was not provided. The physical examination revealed a slightly imbalanced gait. The injured worker was utilizing a cane in her right hand and had tenderness at the T10 level at the proximal part of the fusion construct. The physician was noted to review the injured worker's MRI of the thoracic spine which revealed the injured worker had adjacent level degeneration at the T9-10 level and no major stenosis. The diagnosis included increasing thoracolumbar kyphosis with history of advancement of the fusion to T10. The discussion included the physician was concerned that the injured worker was developing either a pseudoarthrosis at the upper part of the thoracic construct or an advancing degenerative conditions causing collapse and kyphosis. The recommendation was for a SPECT CT image of high quality thoracic and lumbar spine. The physician opined the best scans could be done at a hospital which had an integrated SPECT-CT imaging machine that provided a high level of diagnostic abilities. Additionally, the recommendation was for a new lumbosacral orthosis. Additional documentation of 01/05/2015 revealed the injured worker was having increasing mid back pain and utilizing a cane. The injured worker had tenderness to palpation over T9 through T9 segments posteriorly where she had effusion from T9 distally. The physician documented the MRI from 05/07/2014 revealed thoracic degenerative changes above the fusion without significant spinal stenosis. It was noted

to be a poor quality MRI. The injured worker had a cervical MRI which revealed cervical stenosis most severe at C4-C7 and degenerative changes and neural impingement bilaterally. The diagnoses included loosened segmental hardware at T9 and T10 with probable pseudoarthrosis. The discussion and treatment plan included the injured worker had loosened hardware at the proximal aspect of the posterior fusion construct. The top loading caps that interfere and create solid connection between the pedicle screws at T9 and the transverse segmental rods have loosened. This was noted to be associated with some degree of instability and nonhealing. In order to obtain authorization to evaluate this further, the recommendation was for a 7 view x-ray including AP, lateral, oblique, flexion, and extension views of the thoracolumbar segment for an independent assessment of the loosened segmental fixation. Upon obtaining this, we would further ask the injured worker be allowed to have a CT scan of the segments to further define in a 3 dimensional way the pseudarthrosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 CT Scan of the lumbar spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The American College of Occupational and Environmental Medicine indicate that there should be documentation of unequivocal objective findings to identify specific nerve compromise on neurologic evaluation and if physiologic evidence indicates tissue insult or nerve impairment, the injured worker could undergo a CT scan for bony structures. The clinical documentation submitted for review failed to provide documentation of objective findings upon examination which supported the injured worker had physiologic evidence. Given the above and the lack of documentation, the request for 1 CT scan of the lumbar spine without contrast is not medically necessary.

1 set of x-rays of the lumbar spine (7 reviews): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The American College of Occupational and Environmental Medicine indicate lumbar x-rays should not be recommended in injured workers with low back pain in the absence of red flags for serious spinal pathology even if the pain has persisted for at least 6 weeks. However, it may be appropriate when the physician believes it would aid in pain management. The clinical documentation submitted for review indicated the injured worker had

increased mid back pain that was worsening. The physical examination revealed tenderness to palpation over the T9, T10 and T11 segments posteriorly where she had the fusion from T9 distally. The physician opined the injured worker had loosened hardware at the proximal aspect of the posterior fusion construct. However, there was a lack of physical examination and diagnostic studies to support this statement. There was lack of documented instability upon physical examination. Given the above, the request for 1 set of x-rays of the lumbar spine (7 reviews) is not medically necessary.