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| Case Number: | CM15-0110166 | | |
| Date Assigned: | 06/16/2015 | Date of Injury: | 08/02/2006 |
| Decision Date: | 07/15/2015 | UR Denial Date: | 05/26/2015 |
| Priority: | Standard | Application Received: | 06/08/2015 |

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: Emergency Medicine

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 61 year old female, who sustained an industrial injury on 8/02/2006. Diagnoses include lumbar herniated nucleus pulposus, adjacent segment disease and lumbar radiculopathy. Treatment to date has included medications, acupuncture, chiropractic care, surgical intervention (anterior and posterior fusion surgery 2012) and diagnostics. EMG (electromyography)/NCV (nerve conduction studies) dated 12/05/2014 revealed an abnormal study with evidence suggestive of right S1 radiculopathy. There was no electrodiagnostic evidence of generalized peripheral neuropathy, focal nerve entrapment or lumbosacral plexopathy. Computed tomography (CT) scan of the lumbar spine dated 8/21/2013 showed postoperative changes of anterior and posterior fusion and mild levoscoliosis noted with 2mm retrolisthesis L1-2, L3-4, and L5-S1. Per the Primary Treating Physician's Progress Report dated 8/08/2014, the injured worker reported low back pain and bilateral lower extremity complaints. Low back pain was rated as 5/10 with radiation to the tailbone into bilateral buttocks. Physical examination revealed diffuse tenderness to palpation of the lumbar spine. Range of motion included flexion of 25 degree, extension of 0-5 degrees and left and right lateral bending 15 degrees. The plan of care included follow-up care, medications, injections and diagnostics. Authorization was requested for Omeprazole 20mg, Elavil 10mg, Norco 7.5/325mg, Orphenadrine citrate 100mg, orthopedic follow-up, bilateral medial branch blocks L2-3, L3-4 and L4-5 and computed tomography (CT) scan of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial Branch Blocks bilateral L2-3, L3-4, L4-5: 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): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) "Low Back-Lumbar and Thoracic", "Facet Joint diagnostic blocks (injections)".

Decision rationale: As per ACOEM Guidelines, facet medial branch blocks may be considered for diagnostics purpose in preparation for cervical neurotomies. The evidence to support neurotomies in lumbar region is poor. Official Disability Guidelines were reviewed for more specific criteria. Patient does not meet criteria for recommend facet joint diagnostic blocks. ODG criteria's procedure is limited to patient with low back pain that is non-radicular and no more than 2 levels bilaterally. Patient has radicular pain with known positive electrodiagnostic studies and the multiple levels of requested is not appropriate. Facet medial branch blocks are not medically necessary.

CT Scan of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Low Back: CT (computed tomography).

Decision rationale: While ACOEM guidelines have specific general indications for imaging of lumbar spine, Official Disability Guidelines have more detailed criteria concerning CT scanning of lumbar spine. As per ODG, CT scan of lumbar spine is only recommended in traumatic causes of neurological deficits and to evaluate pars defect not identified on plain x-rays and to evaluate successful fusion if plain x-rays do not confirm fusion. Recent X-rays and MRI of lumbar spine do not show any defects or significant pathology and imaging shows successful fusion. There is no indication for another imaging test when other tests have already been done and provided information already needed. Therefore the request is not medically necessary.