MAXIMUS Federal Services

Case Number:	CM15-0113361		
Date Assigned:	06/19/2015	Date of Injury:	11/19/2013
Decision Date:	07/30/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/11/2015

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 52 year old male, who sustained an industrial injury on 11/19/2013. He reported falling out of a chair and injuring his back. Diagnoses have included lumbar degenerative disc disease with left L5 radiculopathy. Treatment to date has included physical therapy, L5 nerve root blocks and medication. According to the progress report dated 5/28/2015, the injured worker complained of pain in the midline of the lower lumbar spine with radiation to the left leg into the ankle and foot. He rated his pain as 8/10. It was noted that is last L5 nerve root block resulted in two months of relief. The physician plan was for another L5 nerve root block. The injured worker was to return if the nerve root block was not effective or was only temporarily effective. Authorization was requested for a computed tomography scan of the lumbar spine without contrast and x-rays of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) CT scan of the lumbar spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Table 12-8, 309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305, 309. Decision based on Non-MTUS Citation Official disability guidelines low back chapters, CT scans.

Decision rationale: Based on the 06/11/15 progress report provided by treating physician, the patient presents with low back pain. The request is for ONE (1) CT SCAN OF THE LUMBAR SPINE WITHOUT CONTRAST. Patient's diagnosis per Request for Authorization form dated 06/01/15 includes lumbar degenerative disc disease. Physical examination to the lumbar spine on 06/11/15 revealed decreased range of motion. Diminished knee and ankle deep tendon reflexes. The patient had lumbar spine MRI's on 12/20/13 and 11/29/14. Treatment to date has included imaging and electrodiagnostic studies, SI joint injection 10/07/14, lumbar spine selective nerve root block 02/17/15, physical therapy and medications. Patient's medications include Atarax, Medrol, Gabapentin and Ibuprofen. The patient in on modified-duty, per 06/11/15 report. Treatment reports were provided from 12/02/13 - 06/11/15. MTUS/ACOEM chapter 12, low back, pg 303-305, under "Special Studies and Diagnostic and Treatment Considerations" states: "If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computed tomography [CT] for bony structures)." Regarding CT scans for the lumbar, (ACOEM), 2nd Edition, (2004) pg. 309, Back Chapter states the following on Table 12-8. Summary of Recommendations for Evaluating and Managing Low Back Complaints: Clinical Measure, Imaging: "Recommended: CT or MRI when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative." ODG Guidelines under the low back chapters states that CT scans are not recommended, except for trauma and neurological deficits. CT scan are indicated when tumor, infection, or fracture are strongly suspected per ODG. MRI of the lumbar spine dated 11/29/14 states "stable mild central stenosis at L4-L5 with a small disc protrusion superimposed. It again contacts the bilateral L5 nerve roots subadjacent. There is evidence for impingement of the left lateral recess L5 nerve root at this level." Lumbar spine X-rays taken on 11/20/13 demonstrate "...facet arthropathy at L5-S1. There is mild anterior osteophyte formation within the upper lumbar spine with some chondral sclerosis, which is consistent with degenerative changes. Impression: No acute fracture or dislocation..." There is no evidence of prior lumbar CT. Per progress report dated 05/28/15, treater states "The patient will undergo another L5 nerve root block, and if this is not effective. We would then likely proceed with an L4-5 and L5-S1 instrumented and interbody fusion. I will however order a CT scan of the lumbar spine as well as plain x-rays with flexion and extension views, rule out instability or a pars defect." In this case, there is no discussion pertaining to suspicion of cauda equina, tumor, infection, or fracture, for which CT scans, would be indicated. The patient is not post-operative, and there is no indication-planned surgery has been authorized. This request in not in accordance with guidelines. Therefore, the request IS NOT medically necessary.

One (1) x-ray of the lumbar spine (flexion and extension views): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Table 12-8, 309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official disability guidelines Low Back Chapter, Flexion/Extension Imaging Studies.

Decision rationale: Based on the 06/11/15 progress report provided by treating physician, the patient presents with low back pain. The request is for ONE (1) X-RAY OF THE LUMBAR SPINE (FLEXION AND EXTENSION VIEWS). Patient's diagnosis per Request for Authorization form dated 06/01/15 includes lumbar degenerative disc disease. Physical examination to the lumbar spine on 06/11/15 revealed decreased range of motion. Diminished knee and ankle deep tendon reflexes. The patient had lumbar spine MRI's on 12/20/13 and 11/29/14. Treatment to date has included imaging and electrodiagnostic studies, SI joint injection 10/07/14, lumbar spine selective nerve root block 02/17/15, physical therapy and medications. Patient's medications include Atarax, Medrol, Gabapentin and Ibuprofen. The patient in on modified-duty, per 06/11/15 report. Treatment reports were provided from 12/02/13 - 06/11/15.ODG Guidelines, Low back Chapter under Flexion/Extension Imaging Studies, recommends it for spinal instability, "may be a criteria prior to fusion, for example in evaluating symptomatic spondylolisthesis when there is consideration for surgery." MTUS/ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12 "Low Back Complaints" under Special Studies and Diagnostic and Treatment Considerations, pg 303-305 states "Lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks." MRI of the lumbar spine dated 11/29/14 states "stable mild central stenosis at L4-L5 with a small disc protrusion superimposed. It again contacts the bilateral L5 nerve roots subadjacent. There is evidence for impingement of the left lateral recess L5 nerve root at this level." Lumbar spine X- rays taken on 11/20/13 demonstrate "...facet arthropathy at L5-S1. There is mild anterior osteophyte formation within the upper lumbar spine with some chondral sclerosis, which is consistent with degenerative changes. Impression: No acute fracture or dislocation..." Per progress report dated 05/28/15, treater states "The patient will undergo another L5 nerve root block, and if this is not effective. We would then likely proceed with an L4-5 and L5-S1 instrumented and interbody fusion. I will however order a CT scan of the lumbar spine as well as plain x-rays with flexion and extension views, rule out instability or a pars defect." In this case, it appears treater intends to "rule out instability or a pars defect," prior to proceeding with planned lumbar fusion. However, there is no mention of instability or spondylolisthesis in prior imaging studies provided, and progress reports do not discuss spondylolisthesis to warrant set of flexion and extension lumbar X-rays. Furthermore, guidelines do not recommend a repeat set of conventional lumbar X-rays "in the absence of red flags for serious spinal pathology." Therefore, the request IS NOT medically necessary.