MAXIMUS Federal Services

Case Number:	CM15-0147811		
Date Assigned:	08/10/2015	Date of Injury:	03/09/2001
Decision Date:	10/09/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/29/2015

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: Texas, Florida, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 74-year-old female who sustained an industrial injury on 3-9-01 from lifting a lifting incident and involved her back. She currently complained of constant back pain and muscle spasms. On physical exam there was decreased strength in the hips flexors bilaterally, sensory loss bilateral thighs, severe muscle spasm in thoracolumbar musculature. Medications were Roxicodone, Ultracet, Valium, and Neurontin. Diagnoses include status post multilevel lumbar fusion with instrumentation, T12 through L5 and spinal stimulator implant, 12,2006; status post removal of subcutaneous and bone growth stimulator, 9,2007; status post removal T12 pedicle screws, 6, 2008, with 20% compression fracture of T11; status post removal of remaining hardware, 9-21-09; lumbar radiculopathy; osteopenia; depression; anxiety; severe thoracolumbar pain due to compression fracture of the T11 vertebral body, status post interbody and lateral fusion at T10-T11 (6-3-15). Treatments to date include lumbar epidural steroid injections; physical therapy; psychiatric evaluation; spinal cord stimulator with 50% relief. Diagnostics include computed tomography of the lumbar spine (4-15-15) demonstrating status post fusion of the T11-L1, fracture of T12, old compression fracture L5, degenerative changes; electromyography, nerve conduction study (3-10-11) showing left L5-S1 radiculopathy; bone scan of whole body (4-29-10) revealing 2 slightly compressed vertebrae; computed tomography of the thoracic spine (12-13-12 showing compression fracture of T7, disc degeneration, status post laminectomy. On 7-9-15, the treating provider requested computed tomography of the thoracic spine; rib series of left side, x-rays of left ribs; home health care for four hours a day for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Scan of Thoracic Spine with contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation ODG Low Back - Lumbar & Thoracic (Acute & Chronic), CT (Computed Tomography), Indications for Imaging.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, under CT.

Decision rationale: This claimant was injured 14 years ago, and continues with back pain and muscle spasm. She is post lumbar fusion with instrumentation, T12-L5 spinal stimulator implant, post bone growth stimulator, removal of pedicle screws, a 20% compression fracture of T-11, and status post remaining hardware, lumbar radiculopathy, osteopenia, depression and anxiety. There has been extensive past treatment and diagnostics. As of July, the provider requested additional diagnostic testing, as well as a home health aide. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG has a section on the Thoracic spine, under Neck and Upper Back section. It notes regarding a CT scan: Not recommended except for indications below. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness, and have no neurologic findings, do not need imaging. Patients who do not fall into this category should have a three-view cervical radiographic series followed by computed tomography (CT). In determining whether the patient has ligamentous instability, magnetic resonance imaging (MRI) is the procedure of choice, but MRI should be reserved for patients who have clear-cut neurologic findings and those suspected of ligamentous instability. (Anderson, 2000) (ACR, 2002) Without neurologic or objective findings, or progression of such findings, repeat advanced imaging studies are not supported. The request is appropriately not medically necessary.

Rib Series of Left Side/X-ray Left Ribs: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation ODG Low Back - Lumbar & Thoracic (Acute & Chronic), Radiography (x-rays), Indications for Imaging.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back, Imaging and x-rays.

Decision rationale: As shared, this claimant was injured 14 years ago, and continues with back pain and muscle spasm. She is post lumbar fusion with instrumentation, T12-L5 spinal stimulator implant, post bone growth stimulator, removal of pedicle screws, a 20% compression fracture of T-11, and status post remaining hardware, lumbar radiculopathy, osteopenia, depression and anxiety. There has been extensive past treatment and diagnostics. As of July, the provider requested additional diagnostic testing, as well as a home health aide. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG is also silent to this region. In general, the ODG notes in the lumbar section, however, there are some generalizable principles regarding imaging: Not recommend routine x-rays in the absence of red flags. (See indications list below.) Lumbar spine radiography 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 6 weeks. However, some providers feel it "may" be appropriate when the physician believes it would aid in patient expectations and management. Indications for imaging -- Plain X-rays:- Thoracic spine trauma: severe trauma, pain, no neurological deficit- Thoracic spine trauma: with neurological deficit. In this case, the focal findings or changes in such that would drive imaging of the ribs is not clear. The request is appropriately not medically necessary.

Home health care for 4 hours daily for 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back and Pain Chapters, Home Health Services.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back, Home Health Services.

Decision rationale: As noted, this claimant was injured 14 years ago, and continues with back pain and muscle spasm. She is post lumbar fusion with instrumentation, T12-L5 spinal stimulator implant, post bone growth stimulator, removal of pedicle screws, a 20% compression fracture of T-11, and status post remaining hardware, lumbar radiculopathy, osteopenia, depression and anxiety. There has been extensive past treatment and diagnostics. As of July, the provider requested additional diagnostic testing, as well as a home health aide. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG notes regarding home health services: Recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. These recommendations are consistent with Medicare Guidelines. (CMS, 2004)There is no mention of the degree of debility, or the patient's social situation with family assistance, or other factors to drive the need for a home health care. There are no descriptions of what medical services the aide would render. The request is appropriately not medically necessary.