MAXIMUS Federal Services

Case Number:	CM15-0090367		
Date Assigned:	05/14/2015	Date of Injury:	02/22/2015
Decision Date:	06/16/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/11/2015

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: 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 (IW) is a 40-year-old male who sustained an industrial injury to his back on 02/22/2015 due to a fall. Diagnoses include degeneration of lumbar intervertebral disc, low back pain, sprain-lumbar NOS and spondyloarthritis-lumbosacral. Treatments to date include medications and chiropractic care. According to the visit notes dated 4/22/15, the IW reported low back and buttocks pain radiating into the left hamstring and sometimes to the ankle. He also stated he had occasional tingling sensation in the left shoulder blade. MRI of the lumbar spine on 3/20/15 showed very mild degenerative changes at L3-4 and L5-S1 levels without significant spinal canal or neural foraminal narrowing. On examination, range of motion of the lumbar spine was limited, with tenderness to palpation of the bilateral paraspinal muscles. A request was made for CT of the lumbar spine to rule out possible pars fracture, the signs of which were clinically present, and a left L5-S1 epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT (Computed Tomography) 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 (ODG), Indications for Imaging - Computed tomography.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 393.

Decision rationale: The doctor is concerned about a pars fracture in this case. He had a back strain and degenerative disease of the lumbar spine. There was a recent lumbar MRI. Under MTUS/ACOEM, although there is subjective information presented in regarding increasing pain, there are little accompanying physical signs. Even if the signs are of an equivocal nature, the MTUS note that electrodiagnostic confirmation generally comes first. They note "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." The guides warn that indiscriminate imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. I did not find electrodiagnostic studies. It can be said that ACOEM is intended for more acute injuries; therefore other evidence-based guides were also examined. The ODG guidelines note, in the Low Back Procedures section: Lumbar spine trauma: trauma, neurological deficit; Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit); Uncomplicated low back pain, suspicion of cancer, infection; Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. (For unequivocal evidence of radiculopathy, see AMA Guides, 5th Edition, page 382-383.) (Andersson, 2000); Uncomplicated low back pain, prior lumbar surgery; Uncomplicated low back pain, cauda equina syndrome. An MRI has sufficient sensitivity to detect a Pars fracture; in this context, the need for a CT is unclear. Also, the above criteria are also not met in this case; the request was appropriately non-certified under the MTUS and other evidence-based criteria. The request is not medically necessary.

Left L5-S1 epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 309,Chronic Pain Treatment Guidelines Epidural Steroid Injections. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R.
9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 47 of 127.

Decision rationale: The MTUS recommends this as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). In this case, the MTUS criterion Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing is not met. Although there is mention of pain radiation, specific dermatomal patterns corresponding to disc herniation are not noted. The request appears appropriately non-certified based on the above. The service is not medically necessary.