

<b>Case Number:</b>	CM15-0097560		
<b>Date Assigned:</b>	05/28/2015	<b>Date of Injury:</b>	11/03/1992
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2015

### 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: Florida  
 Certification(s)/Specialty: Family Practice

### 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 62 year old female, who sustained an industrial injury on 11/03/1992. According to a progress report dated 05/06/2015, the injured worker presented with back pain. Severity level was moderate-severe. The problem was worsening and occurred persistently. Location of pain was the middle back, lower back and gluteal area. Pain radiated to the left ankle, left calf, left foot and left thigh. Symptoms were relieved by picking up items, laying in fetal position and warm water. Pain level without medications was 10 on a scale of 1-10. Current pain score was 8. Past surgical history included carpal tunnel release x 2, lumbar fusion, pacemaker/defibrillator implant. Physical examination of the back/spine demonstrated lateral - thoracic curvature: decreased mobility, lumbar curvature: decreased mobility, kyphosis, scoliosis, posterior tenderness and paravertebral muscle spasm - lumbosacral: bilateral. Musculoskeletal examination demonstrated antalgic gait, cervical spine tenderness with range of motion mildly reduced, thoracic spine tenderness with moderate pain with range of motion and lumbar spine tenderness with moderate pain with range of motion. The injured worker received trigger point injections. Diagnoses included chronic pain due to trauma, degeneration of lumbosacral intervertebral disc, postlaminectomy syndrome of lumbar region, radiculitis, reflex sympathetic dystrophy of the lower limb, carpal tunnel syndrome and ulnar neuropathy. Treatment plan included computed tomography (CT) scan thoracic and lumbar spine and x-rays of the lower spine bending 4 views. The injured worker presented with severe back pain that had not occurred since her prior surgery. The pain began two months prior "pretty much out of the blue". The provider noted that surgical options and spinal cord stimulation would need to be

considered. Currently under review is the request for lumbar CT, lumbar x-rays bending 4 views and thoracic CT.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Lumbar CT: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG regarding Lumbar & Thoracic.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ACEOM Low Back Complaints, referenced by CA MTUS guidelines Page(s): 303-305.

**Decision rationale:** California MTUS guidelines state, 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. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. Regarding this patient's case, she has no evidence on physical exam of a neurological deficit. A 5/2015 physical exam note only describes tenderness in the lumbar and thoracic spine, and reports a normal neurological exam - including normal sensory and motor. No red flag symptoms are described - bowel/bladder incontinence, saddle anesthesia, fevers, ect. There is no documentation that she has failed conservative measures in the past 2 months for this back pain. It is also noted that she has been on chronic high dose narcotics for chronic pain. Based off of the documentation that has been provided, MTUS guidelines are not satisfied. Likewise, this request is not considered medically necessary.

#### **Lumbar X-rays bending 4 views: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG regarding Lumbar & Thoracic - Acute & Chronic.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ACEOM Low Back Complaints, referenced by CA MTUS guidelines Page(s): 303-305.

**Decision rationale:** California MTUS guidelines state, 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. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. This patient's most recent neurologic physical exam is reported as "normal." She has been complaining of pain x 2 months that came on "out of the

blue." She is on chronic high dose narcotics for chronic pain. It is noted on review of the medical records provided that this patient had an x-ray performed that showed "spinal fusion and some degenerative changes." It is not stated by the provider when this x-ray was performed. Has this x-ray been performed within the past two months. Also, was this a cervical, thoracic, or lumbar spine x-ray that was performed. Likewise, without further clarification, this request for a repeat x-ray cannot be considered medically necessary.

**Thoracic CT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ACEOM Low Back Complaints, referenced by CA MTUS guidelines Page(s): 303-305.

**Decision rationale:** California MTUS guidelines state, 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. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. Regarding this patient's case, she has no evidence on physical exam of a neurological deficit. A 5/2015 physical exam note only describes tenderness in the lumbar and thoracic spine, and reports a normal neurological exam - including normal sensory and motor. No red flag symptoms are described - bowel/bladder incontinence, saddle anesthesia, fevers, ect., there is no documentation that she has failed conservative measures in the past 2 months for this back pain. It is also noted that she has been on chronic high dose narcotics for chronic pain. Based off of the documentation that has been provided, MTUS guidelines are not satisfied. Likewise, this request is not considered medically necessary.