MAXIMUS Federal Services

Case Number:	CM13-0052896		
Date Assigned:	12/30/2013	Date of Injury:	12/20/2004
Decision Date:	05/07/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/12/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 20, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; multiple prior lumbar fusion surgeries; and extensive periods of time off of work. In a Utilization Review Report of November 12, 2013, the claims administrator denied a request for lumbar CT imaging, a spine surgery consultation, and plain films of the lumbar spine. The applicant's attorney subsequently appealed. A December 22, 2013 progress note is notable for comments that the applicant is off of work, on total temporary disability. A surgical consultation is endorsed. The applicant is described as having ongoing issues with worsening low back pain, 5-8/10, with progressive weakness about the left leg. The applicant states that she believes her fusion is crumbling and that she has a failed back syndrome. She is having intermittent issues with bladder leaking. She is on Prevacid, Ambien, Colace, lactulose, Amoxil, Biaxin, Neurontin, Norco, and morphine, it is stated. Decreased lumbar spinal range of motion is noted with lower extremity atrophy appreciated. The applicant is placed off of work and asked to employ both morphine and Restoril for pain relief. A surgical consultation is endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient CT Lumbar Spine: Overturned

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): 303.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 12, page 303, CT scanning is a study of choice to evaluate bony structures. In this case, the attending provider has alleged that the applicant has issues with a suspect/poorly consolidated lumbar fusion surgery. There is evidence of lower extremity weakness and reported lower extremity muscle atrophy appreciated on a recent office visit. Given the applicant's persistent pain complaints, it is possible that there may be some issue with the integrity of the lumbar fusion. An operating CT scan to further evaluate and delineate the extent of the same is indicated and appropriate. Therefore, the request is certified.

Referral to Unspecified San Francisco Specialist for Surgical Repair: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation CA MTUS American College of Occupational and Environmental Medicine (ACOEM), Chapter 7, Page 127

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

Decision rationale: Based on the information in the attending provider's progress note, this appears to represent a neurosurgery consultation request. As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative treatment should lead an attending provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, given the failure of earlier operative and non-operative treatments, including medications, time, physical therapy, earlier fusion surgery, etc., obtaining the added expertise of a physician specializing in a spine surgery is indicated and appropriate. Therefore, the request is certified.

Plain film X-Rays Lumbar Spine Standing, Flexion, Extension, Lateral bending, Oblique and Recumbent Lateral: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation ACOEM 3rd Edition, Low Back Chapter, Roentogram Section

Decision rationale: While the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, argue against routine usage of radiography of the lumbar spine and/or routine

procurement of oblique views of the lumbar spine, in this case, however, the attending provider is seeking the x-ray studies to assess the presence or absence of instability. The applicant has severe low back pain. There has been some allegation of instability. It is stated that the applicant is actively considering spine surgery. A spine surgery consultation/neurosurgery consultation has been endorsed, above. The applicant is described as having issues with lower extremity weakness and atrophy. X-ray imaging to establish the presence or absence of instability are therefore useful preoperative tools and are, in fact, endorsed by the Third Edition ACOEM Guidelines, which do recommend flexion and extension views of the lumbar spine to evaluate for symptomatic spondylolisthesis and/or instability in applicants in whom there is consideration for surgery. In this case, the applicant is a surgical candidate, for all the reasons stated above. X-rays to evaluate the presence or absence of instability and/or symptomatic spondylolisthesis are indicated and appropriate. Therefore, the request is certified.