

Case Number:	CM13-0056803		
Date Assigned:	12/30/2013	Date of Injury:	05/01/2010
Decision Date:	04/29/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/22/2013

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 Internal 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:

This is a 32-year-old male patient with date of injury on May 1, 2010. The claimant fell from an unspecified height on a sixty foot ladder. He suffered severe trauma with skull fracture, left wrist/arm fracture, and pelvic fracture. He had an intensive care unit (ICU) stay x 5 days and another 25 days in the hospital thereafter. He has multiple diagnoses post injury including post concussive syndrome with headaches and cognitive deficits, chronic pain in neck, back, pelvis, and left wrist; post-traumatic stress disorder with associated depression, sleep disturbance due to above, and low back pain with radicular signs. He has had surgeries on his wrist and has a multimodality team approach with mental health providers, pain specialists, orthopedists, and neurologists. Electrodiagnostic studies confirm the radiculopathy in his lumbar spine. His low back pain and sciatica symptoms are further being addressed by a request for MRI of the lumbar spine. He also has a CT of the lumbar spine being requested as the standard X-rays showed a bony defect that can only be characterized by CT scan and not MRI. A neurosurgery consult is also requested after the MRI and CT scan have been completed.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF 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): 303-305.

Decision rationale: The claimant has objective evidence on exam of nerve root compression and electrodiagnostic studies to confirm further imaging. Lumbar spine X-rays show bilateral pars defects and some spondylolisthesis. Guidelines state that if unequivocal findings on exam and/or diagnostic studies (electrodiagnostic and exam confirm in this case) confirm the suspected cause of pain and it is felt to be a source of a pain generator, then further imaging of soft tissue with MRI is appropriate and CT scan may be appropriate in some cases as well. The MRI of the lumbar spine in this instance is in accordance with the ACOEM Guidelines. The request is medically necessary and appropriate.

CT SCAN OF LUMBAR SPINE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute, ODG Treatment in Workers Compensation, 10th Edition, Treatment Index, Shoulder

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-305.

Decision rationale: Given above findings of objective and subjective complaints of nerve root irritation, and the abnormal pars defect seen on Lumbar X-ray, CT scan is recommended to look closely at the bony aspect of the lumbar spine, as well as the MRI for soft tissues, in order to fully characterize the issues prior to evaluation by a specialist for discussion about possible intervention or surgery. Therefore, since the MRI is appropriate above, the guidelines are met for CT of the lumbar spine in this particular case, and the CT scan of the lumbar spine is medically necessary and appropriate.

NEUROSURGICAL CONSULTATION: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, 2nd, Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-305.

Decision rationale: As above, given subjective and objective evidence of a pain generator causing low back pain and sciatica, imaging studies with MRI and CT are appropriate to collect all the necessary data and then a subsequent visit with a neurosurgeon is appropriate. A neurosurgical consultation is indicated and medically necessary.