

Case Number:	CM13-0070821		
Date Assigned:	01/08/2014	Date of Injury:	05/08/2013
Decision Date:	09/17/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	12/26/2013

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 Family 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 54-year-old male patient who reported an industrial injury to the back on 5/8/2013, 16 months ago, attributed to the performance of his customary job tasks. The patient complained of lower back pain. It was noted that the patient had previously undergone surgical intervention to the lumbar spine with a laminectomy on 9/4/98. The CT scan of the lumbar spine dated 5/21/2013 documented evidence of no fractures; screws bilaterally at L5 through S1 and traversed facet joints bilaterally at L5 through S1; no hardware complications; no evidence of loosening; posterior decompression at L5-S1; near complete fusion of the L5-S1 facet joints bilaterally; moderate to severe loss of disc space at L5-S1 associated with degenerative appearing calcification of the disc space; no significant central canal narrowing; mild to moderate degenerative changes bilaterally most marked at L4-L5 and L5-S1. The AME evaluation dated 8/15/2013 diagnosed the patient with s/p 1997 work-related low back injury; s/p 9/4/1998 lumbar laminectomy infusion; s/p 1998 right carpal tunnel release; s/p 1/13/2001 cumulative trauma neck and bilateral shoulder injury resolution of symptoms over time; s/p 1/2/2007 work-related low back injury; s/p 6/21/2012 left carpal tunnel release; s/p 5/8/2013 work-related low back injury; lumbar spondylosis; tobacco abuse; and chronic pain syndrome. The AME establish that the patient had a prior low back surgery with good results up until the date of injury of 5/8/2013. The CT scan demonstrated is expected postoperative and degenerative changes. The patient was noted to have had an epidural steroid injection that was not effective. The patient did not have an MRI of the lumbar spine. The AME recommended a referral to another physician for a second opinion at which time a CT scan of the lumbar spine with SAG and coronal reconstruction along with a lumbar spine MRI was requested subsequent to the evaluation and assessment recommended by the AME.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT SCAN OF THE LUMBAR SPINE WITH SAG AND CORONAL RECONSTRUCTION: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, LOW BACK CHAPTER.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter, CT lumbar spine.

Decision rationale: There was objective evidence to support the medical necessity of the request for the CT scan of the lumbar spine and sacral spine with SAG and coronal reconstruction as the earlier provided CT scan was nonspecific. The CT scan with SAG and coronal Reconstruction was requested by a spine surgeon contemplating surgical intervention. The evaluation with a spine surgeon was recommended by the AME. The medical necessity of the CT scan is demonstrated as the imaging study is ordered by a Neurosurgeon contemplating surgical intervention and an evaluation of the prior lumbar spine fusion which appears to be 16 years old. The adjacent levels were documented by the CT scan to have increased degenerative findings. There is reported change in the status of the patient to support the medical necessity of the requested imaging studies for a new work up of the lower back pain attributed to the industrial injury. The requesting physician has documented the presence of the criteria recommended by evidence-based guidelines for the authorization of a CT scan of the lumbar spine to evaluate for a potential revisions surgical intervention. There are demonstrated red flag diagnoses as recommended by the ACOEM Guidelines in order to establish the criteria recommended for repeated MRI studies or CT scan of the lumbar spine. The medical necessity of the requested CT scan of the lumbar spine was supported with the subjective/objective findings recommend by the ACOEM Guidelines or the Official Disability Guidelines for the authorization of a CT scan of the lumbar spine. The patient's treatment plan as stated by the physician did demonstrate an impending surgical intervention and a red flag diagnoses even with the patient being a poor candidate. The CT scan was medically necessary to evaluate the medical necessity of an additional surgical intervention even with the stated comorbidities. The treatment plan was demonstrated to be influenced by the obtaining the CT scan with SAG and Coronal reconstruction of the lumbar spine.

MRI OF THE LUMBAR SPINE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, LOW BACK CHAPTER.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: The request for the authorization of a MRI of the lumbar spine for the diagnosis of lumbar spine pain was supported with objective evidence on examination by the treating physician. There were no neurological deficits documented and no red flags documented for the reported pain to the back which did not radiate to the lower extremities. The patient was noted to have had prior lumbar spine surgical intervention with fusion. The patient has retained hardware and was noted on a CT scan dated 5/21/2013 to have hardware intact. There was however, evidence of significant degenerative changes adjacent to the prior fusion. There was evidence of changes in clinical status to warrant imaging studies of the lumbar spine. The request was not made with the contemplation of surgical intervention and was recommended by the AME who referred the patient to the requesting provider for a further analysis and evaluation of the lumbar spine for this patient. The patient was noted to have objective findings documented consistent with a change in clinical status or neurological status to support the medical necessity of a MRI of the lumbar spine. The patient was documented to have subjective complaints of pain to the lower back with documented radiation to the LEs. The patient reported persistent pain; however, there were no specified neurological deficits. There was demonstrated medical necessity for a MRI of the lumbosacral spine based on the assessment by the AME. There was documented completion of the ongoing conservative treatment to the lower back and there is no specifically documented HEP for conditioning and strengthening. There are demonstrated red flag diagnoses as recommended by the ODG or the ACOEM Guidelines. The MRI of the lumbar spine as requested by the AME is demonstrated to be medically necessary.