

Case Number:	CM14-0102736		
Date Assigned:	09/16/2014	Date of Injury:	10/14/2004
Decision Date:	10/17/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	07/03/2014

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 neck, shoulder, and low back pain reportedly associated with an industry injury of October 14, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; earlier lumbar spine surgery; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated June 6, 2014, the claims administrator denied a request for lumbar MRI imaging and CT scanning of the lumbar spine. The claims administrator stated that there was no recent deterioration in the applicant's clinical picture which would compel the studies in question. The applicant's attorney subsequently appealed. The applicant apparently received some of the studies in question, despite the unfavorable Utilization Review recommendation. The lumbar MRI in question was performed on May 19, 2014 and did demonstrate evidence of previous spinal fusion surgery at L4-L5 and L5-S1. There was evidence of residual multilevel disk bulges with neural compromise at the L3-L4, L4-L5, and L5-S1 levels. In a progress note dated May 14, 2014, the applicant reported persistent complaints of low back and right shoulder pain. Negative straight leg raising and a non-antalgic gait were noted. The applicant was walking without assistance, it was noted. Motor and sensory functions about the bilateral lower extremities were normal. X-rays of lumbar spine demonstrated intact instrumentation and a well-consolidated fusion mass. CT scanning of the lumbar spine and MRI imaging of the same were endorsed to evaluate for any "adjacent segment disk disease."

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Scan- 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) Lumbar & Thoracic

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. In this case, all information on file points to the applicant's having had a successful prior multilevel lumbar fusion surgery at L4-L5 and L5-S1. There was no mention of the applicant's actively considering or contemplating further spine surgery on and around the date of the request, May 14, 2014. It appeared, rather, that the attending provider was intent on performing the imaging studies in question for academic evaluation purposes. There was no mention of the applicant's low back issues deteriorating. There was no mention of the applicant's considering further spine surgery on and around the date in question, May 14, 2014. Therefore, the request is not medically necessary.

MRI Lumbar Spine without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar & Thoracic

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8, page 309, 304.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 12, page 309 does acknowledge that MRI imaging is "recommended" as a test of choice for applicants who have had prior back surgery, this recommendation is likewise qualified by commentary made on page 304 of the ACOEM Practice Guidelines to the effect that imaging studies should be reserved for cases in which a surgery is being considered or red flag diagnoses are being evaluated. In this case, there was/is no evidence that the applicant was considering or contemplating further lumbar spine surgery on and around the date in question, May 15, 2014. The documentation on file, to the contrary, seemingly suggested that the applicant had had a good outcome following said lumbar fusion surgery. There was no evidence that the applicant had any progressively deteriorating axial low back and/or radicular leg pain which would have compelled the lumbar MRI imaging in question. Therefore, the request was not medically necessary.