

Case Number:	CM14-0014263		
Date Assigned:	02/26/2014	Date of Injury:	06/09/2004
Decision Date:	08/07/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/04/2014

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 patient is a 44-year-old male who has submitted a claim for lumbar disc displacement associated with an industrial injury date of June 9, 2004. Medical records from 2013 to 2014 were reviewed. The patient complained of chronic low back pain and lower extremity pain rated 9/10. These were accompanied by low back spasms with numbness and tingling. He is status post L4-L5 laminectomy on 2007. He also reported severe left upper quadrant abdominal pain associated with pain medications. Physical examination of the lumbar spine showed tenderness over the paraspinal muscles; limitation of motion; and bilaterally positive SLR test at 60 degrees. MRI of the lumbar spine obtained on January 29, 2013 re-demonstrated degenerative disc disease and post surgical changes at L4-L5 with mild left and moderate right neuroforaminal narrowing. There is obliteration of the perineural fat at the cephalic aspect of the neural foramina, and an osseous hemangioma. The diagnosis was low back pain with referred pain to the legs, right greater than left, due to possible chronic right L4 and L5 radiculopathy, status post right L5 epidural injection and L4-L5 laminectomy. Treatment plan includes a request for either an internal medicine consult or abdominal CT scan to evaluate for any abdominal abnormalities. Pre-operative medical clearance was also requested for contemplated revision anterior laminar interbody fusion at L4-L5. However, the request for revision surgery has been repeatedly denied. Treatment to date has included oral and topical analgesics, muscle relaxants, physical therapy, chiropractic care, epidural injection, lumbar ESI, and lumbar surgery. Utilization review from January 20, 2014 denied the request for pre-operative medical clearance because it was unclear as to whether radicular symptoms are of sufficient magnitude to warrant surgical intervention. In addition, lumbar fusion surgery was previously denied. The request for abdominal CT scan was denied because this should be reserved for bony structures. Also, consultation with a specialist has been approved to address physiologic evidence of tissue insult.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRE OPERATIVE MEDICAL CLEARANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation "Surgery General Information and Ground Rules", California Official Medical Fee Schedule, 1999 edition, pages 92-93.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page 127.

Decision rationale: As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, a preoperative medical clearance was requested prior to contemplated revision of anterior laminar interbody fusion at L4-L5. However, the request for revision surgery has been repeatedly denied. Since the operative procedure was deemed not medically necessary, this associated service is likewise not medically necessary. Therefore, the request for preoperative medical clearance is not medically necessary.

ABDOMINAL CT SCAN: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ACR (American College of Radiology) Practice Guideline for the Performance of Computed Tomography (CT) of the Abdomen and Computed Tomography (CT) of the Pelvis.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ACR (American College of Radiology) Practice Guideline was used instead. ACR criteria for abdominal/pelvic CT scan include evaluation of abdominal, flank or pelvic pain; evaluation of known or suspected abdominal or pelvis masses or fluid collections; evaluation of primary metastatic malignancies; evaluation of abdominal or pelvic inflammatory processes; assessment of abnormalities of abdominal or pelvic vascular structures; evaluation of abdominal or pelvic trauma; clarification of findings from other imaging studies or laboratory abnormalities; guidance for interventional or therapeutic procedures within the abdomen or pelvis; treatment planning for radiation therapy; non-invasive angiography of the aorta and its branches. In this case, severe left upper quadrant pain associated with pain medication intake was reported. However, abdominal examination was not provided. There were no indications of red

flag signs or an acute process in the abdomen that warrant special imaging studies at this time. The medical necessity has not been established. Therefore, the request for an abdominal CT scan is not medically necessary.