

Case Number:	CM14-0015764		
Date Assigned:	03/03/2014	Date of Injury:	05/30/2012
Decision Date:	06/30/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	02/07/2014

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 low back pain reportedly associated with an industrial injury of May 30, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; electrodiagnostic testing of December 2, 2013, reportedly interpreted as normal; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of January 6, 2014, the claims administrator denied a request for a CT scanning of the lumbar spine, x-ray of the lumbar spine, and a neurosurgery follow-up visit. A variety of non-MTUS and MTUS Guidelines were cited, including Chapter 6 ACOEM Guidelines which are no longer a part of the MTUS. The denial was apparently predicated on the fact that there was no significant change in symptoms since earlier MRI imaging of March 13, 2013. On November 8, 2013, the applicant reported persistent 6-7/10 pain. The applicant was reporting numbness and tingling about the right leg. Straight leg raising was positive bilaterally with pain appreciated about the lumbar spine on range of motion testing. The applicant was placed off of work, on total temporary disability. An X-ray of the lumbar spine dated June 21, 2013 was essentially negative, notable for mild scattered osteophytic changes about the lumbar spine. CT scan of the lumbar spine of January 21, 2014 was notable for 2-mm low-grade disk bulges at L4-L5 and L5-S1, again of uncertain clinical significance. An earlier note of October 2, 2013 was again notable for comments that the applicant remained off of work, on total temporary disability. It was stated that the applicant had had earlier lumbar MRI imaging notable for a low grade 2-mm disk bulge.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 12, 303-305

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 304, imaging studies should be reserved for applicants in whom surgery is being considered and/or red flag diagnoses are being evaluated. In this case, however, the applicant was not, in fact, considering or contemplating lumbar spine surgery. The CT scan which was performed was essentially negative and failed to reveal any evidence of a clear lesion amenable to surgical correction. A CT scan which was also performed on January 21, 2014 was essentially identical to an earlier lumbar MRI of March 2013. The applicant did not, furthermore, act on the results of the study in question. The applicant did not and/or was not considering or contemplating a surgical remedy at the time the CT scan of the lumbar spine was performed. Therefore, the request was not medically necessary.

X-RAY LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 12, 303-305

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, routine usage of radiographs at the lumbar spine is "not recommended" in the absence of red flags. In this case, there were no red flag symptoms, signs, or diagnoses suspected here. There was no clear rationale for the x-ray of the lumbar spine which was provided. The x-ray of the lumbar spine performed on January 21, 2014 was in fact largely negative and failed to reveal or uncover any specific lesion or issues amenable to surgical correction. There was no mention of fracture, tumor, cauda equina syndrome, or other red flag diagnoses being potentially evaluated here. Therefore, the request was not medically necessary, for all of the stated reasons.

NEUROSURGEON FOLLOW-UP VISIT X 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 6, 163

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 305, referral for surgical consultation is indicated for applicants who have severe disabling life symptoms in distribution consistent with abnormalities on imaging studies, with a specific lesion that has been shown to benefit in both the short and long term from surgical repair. In this case, the applicant does not appear to be a surgical candidate. MRI imaging, plain films of the lumbar spine, and CT imaging have all been essentially negative and have failed to uncover any specific lesion amenable to surgical correction. Therefore, there does not appear to be any clear reason or basis for the neurosurgery followup visit. Therefore, the request is/was not medically necessary