

Case Number:	CM14-0185931		
Date Assigned:	11/13/2014	Date of Injury:	09/29/2004
Decision Date:	12/30/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/07/2014

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 September 29, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 8, 2014, the claims administrator failed to approve a request for an MRI of the lumbar spine with and without contrast and also denied x-rays of the lumbar spine with AP, lateral, and flexion-extension views. The claims administrator stated that it was not clear whether the applicant had or had not had previous lumbar MRI imaging. The claims administrator invoked both MTUS and non-MTUS guidelines in its denial. The applicant's attorney subsequently appealed. Lumbar spine plain films of October 28, 2014 were notable for evidence of a lumbar fusion surgery at L3-L4 and L4-L5 with appropriately positioned hardware. Static degenerative changes were appreciated. In a November 3, 2014 progress note, the applicant reported ongoing complaints of low back pain with radiation into the groin and testicular regions. The applicant's standing and walking tolerance were limited secondary to pain. Well-preserved muscle strength was noted. The attending provider, a neurosurgeon, noted that the applicant had early stenotic changes at L2-L3 which the attending provider posited were not significant enough to warrant surgical intervention. The attending provider stated that the plain film x-rays were also not indicative of any significant deformity which would require surgical intervention. Epidural steroid injection therapy was endorsed. The applicant was asked to remain off of work, on total temporary disability. A lumbar MRI imaging of October 28, 2014 was apparently performed, despite the unfavorable Utilization Review decision. Excellent spinal decompression was appreciated between L3 and L5 with moderate-to-severe bilateral neuroforaminal stenosis appreciated at L5-

S1 with associated nerve root impingement. Prominent facet arthrosis was noted at L2-L3. In an earlier note dated September 26, 2014, the applicant was described as reporting worsening low back pain radiating to the left leg. Well-preserved muscle strength was noted. The attending provider stated that the applicant's development of new-onset left-sided radicular pain was of concern and that MRI imaging and plain films were being endorsed for additional treatment formulation purposes. The requesting provider was a neurosurgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine with and without contrast: Overturned

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

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, MRI imaging is "recommended" as the test of choice for applicants who have had prior back surgery. Here, the applicant had, in fact, had prior back surgery performed. The requesting provider, a neurosurgeon, stated that the applicant was intent on acting on the results of the proposed MRI study and would, in fact, consider further surgical intervention involving the lumbar spine based on the outcome of the lumbar MRI in question. The MRI in question was ordered owing to heightened radicular complaints radiating to the left leg which were, as suggested by the requesting provider, of concern in this applicant who had had prior lumbar spine surgery. Therefore, the request was medically necessary.

X-rays lumbar spine AP lat flex ext views: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation (ODG-TWC)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Low Back Chapter, X-rays

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-7, page 304, plain film radiography scored a 2/4 in its ability to identify and define suspected spinal stenosis. Here, the requesting provider suggested that the applicant did, in fact, have issues with suspected spinal stenosis and/or instability evident on or around the date of the request, September 22, 2014, following earlier lumbar spine surgery. The attending provider has posited that the applicant had residual pathology about the lumbar spine on the grounds that the applicant had significant residual symptoms following an earlier multilevel lumbar fusion surgery. X-ray imaging was indicated to further evaluate, particularly in light of the fact that the

Third Edition ACOEM Guidelines note that x-rays of the lumbar spine are recommended for chronic low back pain as an option to rule out other possible conditions, particularly in applicants in whom symptoms change, and further note that flexion-extension views are recommended to evaluate symptomatic spondylolisthesis in which there is a consideration for surgery or other invasive treatments. Here, as noted previously, the requesting provider, a neurosurgeon, did state that he was willing to act on the results of the proposed imaging studies and consider further surgical intervention involving the lumbar spine based on the outcome of the same. Therefore, the x-rays of the lumbar spine to include lateral and flexion-extension views were medically necessary.