MAXIMUS Federal Services

Case Number:	CM14-0037336		
Date Assigned:	03/28/2014	Date of Injury:	01/31/1972
Decision Date:	04/07/2014	UR Denial Date:	02/28/2014
Priority:	Expedited	Application Received:	03/27/2014

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 January 31, 1972. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation, transfer of care to and from various providers in various specialties; multiple prior lumbar fusion surgeries, including in 2007 and more recently on June 16, 2013; and unspecified amounts of chiropractic manipulative therapy. In a utilization review report of February 28, 2014, the claims administrator denied a request for lumbar CT scan. The applicant's attorney subsequently appealed. A clinical progress note of February 15, 2014 is notable for comments that the applicant reports persistent pain complaints, 4-8/10. He states that he is able to work most of the time but is having to limit his social, recreational, and leisure activities owing to poor pain control. The applicant is only able to walk two blocks. He is on Norco for pain relief. He exhibits a slow and wide gait in the office setting. Lower extremity strength ranges from 4 to 4+ to 5-/5. Limited range of motion is noted. Sensorium is diminished about the left leg. The applicant's case and care have been complicated by obstructive sleep apnea, it is stated. The attending provider states that he has some questions or reservations about the anatomy and pathology of lumbar spine and would like to obtain CT imaging to clarify the extent of the same. Multiple other progress notes interspersed throughout late 2013 and early 2014 are again notable for comments that the applicant reports persistent low back pain with associated lower extremity pain and diminished sensorium and strength about the lower extremities. An earlier note of July 26, 2013 states that the applicant is unable to work at all and is totally disabled secondary to pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

URGENT CT scan of the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, CT

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, Table 12-7.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in chapter 12, page 303, CT scan imaging is the study of choice for bony structures. The ACOEM Guideline in Chapter 12, Table 12-7, page 304, further scores CT imaging 3/4 in its ability to identify and define suspected disk protrusions and/or spinal stenosis, both of which are likely here. The applicant has seemingly progressive lower extremity radicular complaints with associated lower extremity weakness and paresthesias appreciated on exam following multiple prior lumbar fusion surgeries. As suggested by the attending provider, CT scan imaging is the test of choice to define the integrity of the applicant's lumbar fusion and/or assess for other superimposed pathology, such as spinal stenosis and/or a new disk herniation. Therefore, the original utilization review decision is overturned. The request is certified, although it is incidentally noted that this does not appear to be an urgent issue.