

Case Number:	CM14-0038179		
Date Assigned:	06/25/2014	Date of Injury:	07/24/2000
Decision Date:	08/06/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	04/01/2014

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 July 24, 2000. 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; nine lumbar spine surgeries; and extensive physical therapy over the course of the claim. In a Utilization Review Report dated February 28, 2014, the claims administrator approved an epidural steroid injection at L3-L4 and L5-S1 while denying a lumbar CT scan for hardware placement purposes and concomitantly denying home healthcare. The applicant's attorney subsequently appealed. An April 15, 2014 progress note was notable for comments that the applicant remained off of work, on total temporary disability. An epidural steroid injection was sought. A CT scan of the lumbar spine was sought for "hardware placement, right leg and neck." It was stated that the applicant was status post an earlier lumbar fusion revision. The applicant was placed off of work, on total temporary disability. MRI imaging with gadolinium contrast was also concurrently sought, as was a TENS unit. The applicant was given a Toradol injection for heightened low back pain in the clinic setting. The applicant apparently had heightened complaints of low back pain and weakness about the right leg, it was suggested. It appears that CT scanning of the lumbar spine was performed in the Emergency Department setting on April 7, 2014 and was notable for postoperative changes about the lumbar spine. On March 19, 2014, the applicant was apparently described as having heightened complaints of low back pain and weakness about the right leg. The attending provider stated that he had some concerns about breakdown of the previous lumbar fusion surgery. A CT scanning of the lumbar spine was apparently sought for hardware placement evaluation purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine CT for hardware placement, right leg and neck: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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, CT scanning is considered the imaging study of choice for "bony structures." In this case, the applicant presented on several occasions reporting heightened complaints of low back pain radiating to the right leg and also manifested associated right leg weakness on exam. The attending provider posited that he suspected some breakdown of the earlier fusion hardware. CT scanning of the lumbar spine to evaluate the integrity of the fusion hardware was indicated. Therefore, the request was medically necessary.

Home Care Assistance 2 x a week for 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 51, Home Health Services topic. Page(s): 51.

Decision rationale: As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, home health services to deliver assistance with activities of daily living, such as cooking, cleaning, and other non-medical services are not recommended when this is the only care being sought. In this case, it does appear that assistance with activities of daily living is in fact the only care being sought here. This is specifically not covered as a stand-alone service, per page 51 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.