

<b>Case Number:</b>	CM14-0099505		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	10/03/2006
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 Orthopedic Surgery and is licensed to practice in Texas. 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 injured worker is a 57-year-old male who reported an injury on 10/03/2006. The mechanism of injury was not specifically stated. The current diagnoses include L3-S1 fusion, lumbar spinal stenosis, and L2-3 retrolisthesis with degenerative disc disease. The injured worker was evaluated on 04/30/2014 with complaints of lower back and right knee pain. The injured worker was status post 2 lumbar surgeries with worsening lower back pain. Previous conservative treatment includes physical therapy without improvement in symptoms. The current medication regimen includes tramadol, hydrocodone, and Ambien. Physical examination on that date revealed an antalgic gait, 30 degrees flexion, 10 degrees extension, diminished strength in the lower extremity, and numbness and tingling in the right lower extremity. X-rays obtained in the office on that date indicated an L3-4 fusion with retrolisthesis. Treatment recommendations at that time included a referral to a urologist and referral for a right total knee arthroplasty. Additionally, an updated MRI of the lumbar spine and a CT scan of the lumbar spine were also requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral to [REDACTED] for Lumbar MRI with reconstruction, quantity: 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Treatment in Workers Compensation, 11th ed, 2013, Low Back Chapter

(1/3/13) and 12th ed, 2014, Low Back Chapter (5/12/14); CT. American Association of Neurological Surgeons/Congress of Neurological Surgeons, Joint Section on Disorders of the Spine and Peripheral Nerves, part 4.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, the injured worker was referred to a [REDACTED] for a right total knee arthroplasty. It is unclear as to whether the current request is for a referral or a lumbar MRI. There was no documentation of a significant musculoskeletal or neurological deficit. Based on the clinical information received, the request is not medically necessary.

**Referral to [REDACTED] for CT scan with reconstruction, quantity: 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 304. Decision based on Non-MTUS Citation Non-MTUS: Official Disability Guidelines (ODG)-Treatment in Workers Compensation, 11th ed, 2013, Low Back Chapter (1/3/13) and 12th ed, 2014, Low Back Chapter (5/12/14); CT. American Association of Neurological Surgeons/Congress of Neurological Surgeons, Joint Section on Disorders of the Spine and Peripheral Nerves, part 4.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, the injured worker was referred to a [REDACTED] for a right total knee arthroplasty. It is unclear whether the current request is for a referral or a CT scan. There was no specific body part listed in the current request. Based on the clinical information received, the request is not medically necessary.