

Case Number:	CM14-0171600		
Date Assigned:	10/23/2014	Date of Injury:	09/24/2012
Decision Date:	05/05/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 24, 2012. In a Utilization Review report dated October 17, 2014, the claims administrator failed to approve a request for CT imaging of the lumbar spine. A September 25, 2014 progress note was referenced in the determination. The claims administrator stated that it was not certain whether the applicant had developed worsening neurologic complaints and, thus, seemingly denied the request, in part, on causation grounds. The applicant's attorney subsequently appealed. In a progress note dated September 25, 2014, the applicant reported ongoing complaints of low back pain radiating to the bilateral lower extremities, right greater than left, aggravated by sitting and standing. 8/10 pain complaints were noted. The applicant had been involved in a rollover motor vehicle accident (MVA), the treating provider reported. The applicant was on Motrin, tizanidine, Elavil, Norco, and Prilosec, it was further noted. The applicant exhibited positive straight leg rising about the right leg with hyposensorium also appreciated about the same. The applicant apparently had x-rays in the clinic demonstrating significant multilevel anterolisthesis with findings suggestive of severe nerve root compromise at the L4 through S1 levels. The applicant was reportedly having episodic weakness about the legs, the treating provider reported. MRI imaging of the lumbar spine, CT imaging of the lumbar spine, and electrodiagnostic testing of the bilateral lower extremities were endorsed to evaluate the extent of the applicant's neurologic compromise. The applicant was placed off of work, on total temporary disability. It was suggested that the

applicant had been referred to this particular practitioner, an orthopedic spine surgeon, by another provider, following earlier spine surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT (Computed tomography) with 3D reconstruction of the Lumbar Spine: Overturned

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

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

Decision rationale: Yes, the request for CT imaging of the lumbar spine was medically necessary, medically appropriate and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-7, page 304, CT imaging of the lumbar spine scored a 3/4 in its ability to identify and define suspected disk protrusions and suspected spinal stenosis, both of which may very well have been present here. ACOEM Chapter 12, page 303 further notes that CT imaging is the imaging test of choice for pathology involving bony structures. Here, the attending provider also stated that he suspected anterolisthesis/spondylolisthesis, a bony issue, as another possible source of the applicant's ongoing low back and lower extremity pain complaints. The applicant's presentation was suggestive of nerve root compromise about the lower extremities on or around the date in question, September 25, 2014. The requesting provider was a spine surgeon, significantly increasing the likelihood of the applicant's acting on the results of the testing in question and/or considering surgical intervention based on the outcome of the same. Therefore, the request was medically necessary.