

Case Number:	CM14-0200485		
Date Assigned:	12/10/2014	Date of Injury:	01/11/1997
Decision Date:	01/27/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/01/2014

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 January 11, 1997. In a Utilization Review Report dated November 13, 2014, the claims administrator approved a pain management referral, denied an x-ray of the lumbar spine, and denied a CT scan of the lumbar spine with contrast. The claims administrator referenced an October 29, 2014 progress note in its denial. The claims administrator suggested that the attending provider was searching for a symptomatic spondylolisthesis and/or pars defect. The claims administrator stated that it was denying the request on the grounds that symptomatic spondylolisthesis and spondylosis did not warrant advanced imaging studies. A variety of MTUS and non-MTUS guidelines were invoked, including non-MTUS 2007 ACOEM Guidelines. The applicant's attorney subsequently appealed. On October 29, 2014, the applicant reported ongoing issues with low back pain, obesity, deconditioning, chronic pain syndrome, mood disorder, depression, and opioid tolerance. CT scan of the lumbar spine and lumbar flexion-extension plain film imaging were sought. The applicant was asked to follow up with a variety of interventional pain management physicians. The attending provider stated that he was requesting the CT scan to follow up on previous CTs, which had apparently demonstrated evidence of a bony abnormality versus vertebral cyst versus spondylolytic pars defect. The applicant was not working with permanent limitations in place, it was acknowledged. In an earlier note dated October 28, 2014, the attending provider sought authorization for Pristiq, an atypical antidepressant. The applicant's medication list included oxycodone, Percocet, OxyContin, Singulair, aspirin, Pristiq, Lunesta, Xanax, Maxalt, and Amitiza.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 X-ray of the Lumbar Spine with Flexion/Extension View: Upheld

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): 304, 309.

Decision rationale: As noted in the MTUS Guidelines in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. In this case, however, there was no mention of the applicant's actively considering or contemplating any kind of surgical intervention involving the lumbar spine based on the outcome of the study in question. There was no clear statement from the attending provider as to how the proposed flexion-extension views of the lumbar spine would influence or alter the treatment plan. The attending provider's commentary seemingly suggested that the x-rays at issue are being employed to delineate various anatomic abnormalities, including spondylolisthesis, pars defect, and/or vertebral cyst. There was neither a clear statement nor an implicit expectation that the applicant would act on the results of the proposed x-ray with flexion and extension views and/or consider a surgical intervention based on the outcome of the same. ACOEM Chapter 12, Table 12-8, page 309 notes that routine usage of radiographs of the lumbar spine for evaluation purposes is deemed "not recommended." Therefore, the request is not medically necessary.

1 CT of Lumbar Spine with Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

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

Decision rationale: While the MTUS Guideline in ACOEM Chapter 12, Table 12-7, page 304 does score CT imaging of the lumbar spine a 3/4 in its ability to identify and define suspected disk protrusions, cauda equina syndrome, and/or spinal stenosis, this recommendation, however, is qualified by a further commentary made in ACOEM Chapter 12, page 304 to the effect that imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. In this case, there was no mention of the applicant's actively considering or contemplating any kind of surgical intervention based on the outcome of the CT scan of the lumbar spine at issue. The requesting provider was a general practitioner, not a spine surgeon or neurosurgeon, again making it less likely that the applicant would in fact act on the results of the study in question and/or consider a surgical intervention based on the outcome of the same. The attending provider's commentary suggested that the study at issue was being performed for academic or evaluation purposes, to delineate spondylolisthesis versus a vertebral

cyst versus a pars defect. This is not an appropriate indication for CT imaging studies, per ACOEM. Therefore, the request is not medically necessary.