

Case Number:	CM15-0139201		
Date Assigned:	07/29/2015	Date of Injury:	11/09/1996
Decision Date:	09/01/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/17/2015

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: California, North Carolina
 Certification(s)/Specialty: Family Practice

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 55 year old male, who sustained an industrial injury on 11/9/1995. Diagnoses have included L3-4 spondylolisthesis with 3.5mm instability and severe stenosis, neuropathic pain and bilateral lower extremity radiculopathy. Treatment to date has included lumbar fusion surgery, bracing, epidural injections and medication. According to the progress report dated 6/22/2015, the injured worker complained of worsening back pain and bilateral leg pain with numbness and weakness. He also complained of mid back pain and neck pain. The injured worker used a cane and a motorized scooter. Physical exam revealed loss of lumbar lordosis. There was pain to palpation over the lumbar spine with palpable spasms. Authorization was requested for computed tomography scan of the lumbar spine and venous Doppler ultrasound of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: This patient presents with chronic low back following a lumbar fusion. The request is for a CT scan of the lumbar spine pre-operatively. The patient has also been certified for electrodiagnostic studies (EDS) of the bilateral legs "to objectively determine if there is a radiculopathy from the spinal condition that may require surgery versus a peripheral neuropathy with no spinal surgery indicated," it would be reasonable to await the EDS results which may rule out the need for surgery, thus rendering the CT scan of the spine unnecessary. Therefore the request for CT scan is not medically necessary or established.

Venous Doppler ultrasound, right left extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & leg (acute & chronic).

Decision rationale: In this case, there is a request for a venous Doppler of the legs to determine if residual clot remains in the deep veins which would require placement of a filter prior to spinal surgery. In this case, the patient has been certified for electrodiagnostic studies (EDS) to determine whether the patient's problem is due to radiculopathy (surgical) versus a peripheral neuropathy (non-surgical). It is reasonable to await the results of the EDS to determine if the patient's problem is surgical. If it is nonsurgical then the venous Doppler would no longer be required and thus not medically necessary.

Venous Doppler ultrasound, left lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg (acute & chronic).

Decision rationale: In this case the request is for a venous Doppler of the leg following a DVT 13 years ago in order to determine if there is any residual clot which would necessitate a filter prior to spinal surgery. The patient has been certified for electrodiagnostic studies (EDS) to determine if the problem is a radiculopathy (surgical) versus a peripheral neuropathy (non-surgical). It seems reasonable to await the EDS results, which may rule out the need for surgery,

thus rendering the venous Doppler unnecessary. At this time the request is not medically necessary.