

Case Number:	CM15-0140918		
Date Assigned:	07/30/2015	Date of Injury:	05/03/2003
Decision Date:	09/03/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/20/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52 year old male who sustained an industrial/work injury on 5/3/03. He reported an initial complaint of neck, back, and knee pain. The injured worker was diagnosed as having bilateral knee osteoarthritis, neck status post fusion, lumbar degenerative disc disease and radiculopathy. Treatment to date includes medication and diagnostics. CT scan results were reported on 4-23-14 of the abdomen. Currently, the injured worker complained of constant neck, back, and leg pain rated 7-8 out of 10. Per the orthopedic exam on 6/19/15, exam of cervical area notes non-tender to palpation over the vertebral bodies or spinous process, tender over the paracervical muscles, straightening of the normal lordotic curvature, trigger point myospasms. The bilateral knees demonstrate swelling, anterior drawer, positive patellar apprehension, grinding, and crepitus, and tender to palpation. The lumbar area noted tenderness over the paralumbar muscles and trigger point myospasms. The requested treatments include X-ray of bilateral knees, CT (Computed Tomography) scan of the cervical spine, and CT (Computed Tomography) scan of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of bilateral knees: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Chapter, under Radiography.

Decision rationale: The patient was injured on 05/03/03 and presents with pain in his neck, low back, and lower extremity. The request is for a x-ray of the bilateral knees to evaluate the severity of arthrosis. The utilization review rationale is that guidelines recommend "this study for patients with joint effusion within 24 hours of direct blow or fall, palpable tenderness over fibular head or patella, or the inability to walk (four steps) or bear weight immediately or within a week of the trauma. The DOI is over 12 years ago." The RFA is dated 06/19/15 and the patient's recent work status is not provided. Review of the reports provided does not indicate if the patient has had a prior x-ray of the bilateral knees. ODG Guidelines, Knee & Leg Chapter, under Radiography states, "if a fracture is considered, patients should have radiographs if the Ottawa criteria are met. Among the 5 decision rules for deciding when to use plain films in knee fractures, the Ottawa knee rules (injury due to trauma and age >55 years, tenderness at the head of the fibula or the patella, inability to bear weight for 4 steps, or inability to flex the knee to 90 degrees) have the strongest supporting evidence." The 06/19/15 report states that the patient has increased pain with increased activity and the patient has relative instability secondary to swelling and pain. Both the left and right knees have swelling, patellar apprehension, patellar grinding, a positive anterior drawer, tenderness to palpation, and crepitus. He is diagnosed with bilateral knee osteoarthritis, neck status post fusion, and lumbar DDD/radiculopathy. In this case, the patient is not greater than 55 years old and examination findings do not discuss any of the positive Ottawa knee criteria that are indicated by ODG Guidelines. Therefore, the requested x-ray of the bilateral knees is not medically necessary.

CT (Computed Tomography) scan of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back- Lumbar and Thoracic Chapter, under CT (computed tomography) Neck and Upper Back (Acute & Chronic), Chapter, CT (computed tomography).

Decision rationale: The patient was injured on 05/03/03 and presents with pain in his neck, low back, and lower extremity. The request is for a CT scan of the cervical spine to evaluate current positioning of his fusion. The RFA is dated 06/19/15 and the patient's recent work status is not provided. Review of the reports provided does not indicate if the patient had a prior CT scan of the cervical spine. Regarding CT scans checking for fusion status, while ODG guidelines does not directly discuss it under C-spine section, it is addressed under Low Back Lumbar and Thoracic Chapter, under CT (computed tomography) stating, "Evaluate successful fusion if plain x-rays do not confirm fusion." ODG Guidelines, Low Back - Neck and Upper Back (Acute & Chronic), chapter, CT (computed tomography) states that "for the evaluation of the patient with chronic neck pain, plain radiographs (3-view: anteroposterior, lateral, open mouth) should be the initial study performed. Patients with normal radiographs and neurologic signs or symptoms should undergo magnetic resonance imaging. If there is a contraindication to the magnetic resonance examination such as a cardiac pacemaker or severe claustrophobia, computed

tomography myelography, preferably using spiral technology and multiplanar reconstruction is recommended." The 06/19/15 report states that the patient has increased stiffness, throbbing, with tingling and numbness radiating down his upper extremities, right greater than left. The patient has tenderness to palpation over the paracervical muscles, straightening of the normal lordotic curvature, and trigger point myospasms. He is diagnosed with bilateral knee osteoarthritis, neck status post fusion, and lumbar DDD/radiculopathy. In this case, there is no indication of any prior x-ray of the cervical spine the patient may have had. ODG Guidelines state "Evaluate successful fusion if plain x-rays do not confirm fusion." In this case, there are no prior x-rays of the cervical spine provided. There does not appear to be any other reasons to obtain a CT scan. The request is not medically necessary.

CT (Computed Tomography) scan of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back- Lumbar and Thoracic Chapter, under CT (computed tomography).

Decision rationale: The patient was injured on 05/03/03 and presents with pain in his neck, low back, and lower extremity. The request is for a CT scan of the lumbar spine to evaluate any further damage or pathology. The RFA is dated 06/19/15 and the patient's recent work status is not provided. Review of the reports provided does not indicate if the patient had a prior CT scan of the lumbar spine. MTUS/ACOEM chapter 12, low back, page 303-305, under "Special Studies and Diagnostic and Treatment Considerations" states: "If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computed tomography [CT] for bony structures)." Regarding CT scans for the lumbar, (ACOEM), 2nd Edition, (2004) pg. 309, Back Chapter states the following on Table 12-8. Summary of Recommendations for Evaluating and Managing Low Back Complaints: Clinical Measure, Imaging: "Recommended: CT or MRI when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative." ODG Guidelines, Low Back Lumbar and Thoracic Chapter, under CT (computed tomography) states: "Not recommended except for indications below for CT. Magnetic resonance imaging has largely replaced computed tomography scanning in the noninvasive evaluation of patients with painful myelopathy because of superior soft tissue resolution and multiplanar capability." Indications for imaging: Thoracic spine trauma: equivocal or positive plain films, no neurological deficit. Thoracic spine trauma: with neurological deficit. Lumbar spine trauma: trauma, neurological deficit. Lumbar spine trauma: seat belt (chance) fracture. Myelopathy (neurological deficit related to the spinal cord), traumatic Myelopathy, infectious disease patient. Evaluate pars defect not identified on plain x-rays. Evaluate successful fusion if plain x-rays do not confirm fusion. The 06/19/15 report states that the patient has mild radiation down his lower extremities and the pain is usually localized at the SI joint and L5 joint. The patient has tenderness to palpation over the paralumbar muscles, straightening of the normal lordotic curvature, and trigger point myospasms. He is diagnosed with bilateral knee osteoarthritis, neck status post fusion, and lumbar DDD/radiculopathy. In this case, there is no discussion pertaining to suspicion of cauda equina, tumor, infection, or fracture, for which CT scans would be indicated. The patient is not post-operative, and there is no indication planned surgery has been authorized. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.