

<b>Case Number:</b>	CM15-0141293		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	01/04/2010
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	07/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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: 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 71-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of January 4, 2010. In a Utilization Review report dated July 17, 2015, the claims administrator failed to approve a request for MRI and CT imaging of the lumbar spine. The claims administrator referenced an operative report of May 5, 2015 and an associated progress note of June 15, 2015 in its determination. The claims administrator contended that the applicant had undergone recent spine surgery. The claims administrator, in its description of June 15, 2015 progress note, stated that the applicant had issues with 4+/5 right lower extremity musculature with some hyposensorium appreciated about the right dorsal foot evident. The claims administrator stated that the attending provider had reported that the applicant was considering a revision of right S1 fusion surgery and/or radiographs to rule out instability. The applicant's attorney subsequently appealed. The claims administrator's medical evidence log suggested that the most recent progress note provided was dated May 20, 2015. On said May 20, 2015 progress note, the applicant reported multifocal complaints of neck, low back, upper extremity and shoulder pain, 9/10 without medications versus 5 to 7/10 with medications. The applicant had undergone lumbar spine surgery on May 5, 2015, it was reported. The applicant was on Celebrex, Lidoderm, Zantac, Cymbalta, Tylenol, Ultracet, Ambien, Zofran, Norco, and Flexeril, it was reported. The note was very difficult to follow and mingled historical issues with current issues. The applicant had undergone multiple lumbar spine surgeries in 2012, 2013, and 2015, it was suggested, cervical spine surgery in 2011, multiple shoulder surgeries in 2001 and 2013. Permanent work restrictions were renewed at the bottom of the report. It was suggested that the applicant was not working with said permanent limitations in place. There was no mention of the need for the MRI and CT imaging in question.

A survey of the claims administrator's medical evidence log and a survey of the actual records suggested that the most recent note on file was in fact dated May 20, 2015; thus, the June 15, 2015 progress note, which the claims administrator based its decision upon was not seemingly incorporated into the IMR packet.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **MRI of the lumbar spine: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, MRI.

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

**Decision rationale:** Yes, the proposed lumbar MRI was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, MRI imaging is "recommended" as the test of choice for applicants who have had prior back surgery. Here, while the June 15, 2015 progress note made available to the claims administrator was not incorporated into the IMR packet, the claims administrator's description of the applicant's presentation on June 15, 2015 in its Utilization Review report of July 15, 2015 suggested that the applicant had developed issues with right leg weakness and/or hyposensorium about the right leg status post earlier lumbar spine surgery on May 5, 2015. The claims administrator stated that the attending provider was considering a revision S1 fusion surgery based on the outcome of the lumbar MRI at issue. Moving forward with MRI imaging was, thus, indicated in the clinical context present here, namely in the applicant's having developed what was described as new-onset radiculopathy following earlier failed revision spine surgery. Therefore, the request was medically necessary.

#### **CT Scan Lumbar spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar CT.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304; 309.

**Decision rationale:** Conversely, the request for CT imaging of the lumbar spine was not medically necessary, medically appropriate, or indicated here. The limited information on file, namely the claims administrator's July 15, 2015 Utilization Review report describing an office visit of June 15, 2015, suggested that the applicant had developed new-onset disk protrusion or disk herniation following earlier failed lumbar spine surgery of May 5, 2015. While the MTUS Guideline in ACOEM Chapter 12, Table 12-7, page 304 does acknowledge that CT imaging has scored a 3/4 in its ability to identify and define suspected disk protrusions, this recommendation is, however, qualified by commentary made in the MTUS Guideline in ACOEM Chapter 12, Table 12-7, page 304 to the effect that MRI imaging is scored 4/4 in its ability to identify and define suspected disk protrusions and also by commentary made in the MTUS Guideline in ACOEM Chapter 12, page 12-8, page 309 to the effect that MRI imaging is the test of choice for

applicants who have had prior back surgery. Here, again, the claims administrator's July 15, 2015 UR report describing a progress note of June 15, 2015 suggested that the attending provider suspected either a new-onset disk herniation or a recurrent disk herniation following earlier lumbar spine surgery. MRI imaging is scored superior to CT imaging in its ability to identify and define the same, per the MTUS Guideline in ACOEM Chapter 12, Table 12-7, page 304 and is also deemed the test of choice for applicants who have had prior back surgery, as transpired here, per the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309. The results of the MRI imaging approved above, in question #1, furthermore, if positive, would likely obviate the need for the CT imaging in question. Again, it is acknowledged, however, that the actual text of the June 15, 2015 progress note on which the article in question was proposed was not incorporated into the IMR packet itself; only the claims administrator's description of said June 15, 2015 progress note was available for review. That information alone was insufficient to support or substantiate this request. Therefore, the request was not medically necessary.