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| Case Number: | CM15-0161842 | | |
| Date Assigned: | 08/27/2015 | Date of Injury: | 04/03/2011 |
| Decision Date: | 10/02/2015 | UR Denial Date: | 08/04/2015 |
| Priority: | Standard | Application Received: | 08/17/2015 |

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: 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 50-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 3, 2011. In a Utilization Review report dated August 4, 2015, the claims administrator failed to approve requests for lumbar MRI and CT imaging. An appeal letter dated July 20, 2015 was referenced in the determination. The claims administrator explicitly referenced non-MTUS ODG Guidelines in its determination. The claims administrator contended that the attending provider had failed to respond to request for additional information. The applicant's attorney subsequently appealed. In a July 20, 2015 follow-up note, the applicant was described as having undergone multiple failed lumbar spine surgeries. The note was framed as a letter. The applicant was described as having been previously evaluated on June 1, 2015. The attending provider, a spine surgeon, stated that he would not render a definitive opinion as to whether the applicant needed further surgical intervention based on historical imaging studies. The attending provider stated that he did not wish to base surgical recommendations based on CT and MRI studies which were more than three months old. On May 6, 2015, the applicant reported ongoing complaints of low back pain with associated radiculopathy. The applicant had undergone earlier failed lumbar fusion surgery. The applicant had developed recurrent seromas at the site of the earlier fusion, the treating provider reported. Subjective complaints of fever, chills, and increasing pain were reported. The applicant was placed off of work, on total temporary disability. On August 4, 2015, the applicant consulted an orthopedic surgeon, who opined that the applicant had undergone a CT-guided spinal biopsy on March 15, 2015 which was negative for any infection. Heightened complaints

of low back pain radiating into the lower extremities were reported. The applicant exhibited an antalgic gait with some weakness on resisted dorsiflexion bilaterally. The attending provider stated that the applicant had subjective complaints of fever and chills but did not apparently measure the applicant's temperature in the clinic. The attending provider contended that the applicant's complaints were worsening, that the applicant had an occult, subacute infection, and/or had some sort of spinal leak. Lumbar CT and lumbar MRI imaging were endorsed while the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan lumbar spine with reconstructions: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter updated 07/17/2015.

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

Decision rationale: Yes, the proposed CT scan of the lumbar spine with reconstruction 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 is scored at 3/4 in its ability to identify and define spinal stenosis, i.e., one of the operating diagnoses seemingly suspected here. The MTUS Guideline in ACOEM Chapter 12, page 303 further suggests that computer tomography is the study of choice for applicants with suspected pathology involving bony structures, as appeared to be the case here. Several of the applicant's treating providers contended that the applicant had issues with pseudoarthrosis of the lumbar spine versus new or recurrent disk herniation versus low-grade infection following earlier fusion surgery. Obtaining CT imaging was, thus, indicated to distinguish between the various possible considerations, particularly in light of the applicant's heightened radicular pain complaints, heightened axial pain complaints, allegations of fever, etc. The requesting provider was a spine surgeon, increasing the likelihood of the applicant's acting on the results of the study in question and/or going on to consider surgical intervention based on the outcome of the same. Therefore, the request was medically necessary.

MRI lumbar spine with and without contrast: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter updated 07/17/2015.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309; 297.

Decision rationale: Similarly, the request for MRI imaging of the lumbar spine was likewise 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 a test of choice for applicants who have had prior spine surgery, as seemingly transpired here. The MTUS Guideline in ACOEM Chapter 12, Table 12-4, page 297 also notes that MRI imaging with gadolinium contrast positive for scarring can help to establish a diagnosis of postlaminectomy syndrome, as was seemingly suspected here. The attending provider(s) suggested that the applicant had issues with heightened low back pain complaints, heightened radicular pain complaints, and/or allegations of fever status post earlier failed spine surgery. Obtaining MRI imaging to evaluate for a new or recurrent disk herniation versus pseudoarthrosis versus occult infection/abscess formation was, thus, indicated. The requesting provider was a spine surgeon, increasing the likelihood of the applicant's acting on the results of the study in question and/or going on to consider further surgical intervention based on the outcome of the same. Therefore, the request was medically necessary.