

Case Number:	CM15-0164030		
Date Assigned:	09/09/2015	Date of Injury:	01/31/2012
Decision Date:	10/08/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	08/20/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 injured worker is a 53-year-old female who sustained an industrial injury on 1-31-12. Of note, several documents within the submitted medical records are difficult to decipher. The injured worker reported a headache and pain in the neck, right shoulder, low back and right leg. A review of the medical records indicates that the injured worker is undergoing treatments for cervical intervertebral disc syndrome, cervical radiculitis-neuritis and lumbar intervertebral disc syndrome. Medical records dated 7-13-15 did not indicate the injured workers pain rating on a scale of 1 through 10. Records dated 7-13-15 did not indicate increasing or worsening of the injured workers activities of daily living. Provider documentation dated 7-13-15 did not note the injured workers work status. Treatment has included cervical spine radiographic studies (11-22-14), computed tomography of the thoracic spine (1-10-15), computed tomography of the lumbar spine (1-31-15); trigger point injections, injection therapy, and status post right carpal tunnel release. Objective findings dated 7-13-15 were notable for deconditioning, moderate muscle guarding and radiculitis. The original utilization review (7-16-15) non-certified a retrospective request for a computed tomography of the lumbar spine (date of service 1-31-15) and a retrospective request for an X-ray of the lumbar spine (date of service 1-31-15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request: CT of the lumbar spine (DOS 1/31/15): Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back - Indications for imaging - Computed tomography.

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 section, Computed Tomography (CT).

Decision rationale: Pursuant to the Official Disability Guidelines, retrospective CT scan of the lumbar spine date of service January 31, 2015 is not medically necessary. Magnetic resonance imaging has largely replaced cubit tomography scanning in the noninvasive evaluation of patients with painful myelopathy because of superior soft tissue resolution and multiplanar capability. The new ACP/APS guideline states CT scanning should be avoided without a clear rationale for doing so. Indications for CT scanning include, but are not limited to, thoracic spine trauma with neurologic deficit, equivocal or positive plain films with no neurologic deficit; lumbar spine trauma with neurologic deficit; etc. In this case, the injured worker's working diagnoses are cervical intervertebral disc syndrome; cervical radiculitis/neuritis; and lumbar intervertebral disc syndrome. Date of injury is January 31, 2012. Request for authorization is June 29, 2015 (the request is retrospective to January 31, 2015). According to the utilization review, the reviewing provider referenced a January 15, 2015 progress note. There is no January 15, 2015 progress note in the medical record. The January 15, 2015 progress note stated the injured worker had progressive pain and tingling in the hands for seven years. The injured worker underwent cervical fusion and had carpal tunnel syndrome. Objectively, there were no significant motor deficits. There was no documentation referencing the lumbar spine, neurologic abnormality of the lumbar spine or neurologic deficit of the lumbar spine. A subsequent progress note dated March 25, 2015 was present in the medical record by the treating chiropractor. This is two months post date of service. Based on clinical information and medical records, peer-reviewed evidence-based guidelines and no contemporaneous documentation on or about the date of request authorizations and no clinical indication or rationale for a CAT scan of the lumbar spine date of service January 31, 2015, retrospective CT scan of the lumbar spine date of service January 31, 2015 is not medically necessary.

Retrospective request: X-ray of the lumbar spine (DOS 1/31/15): Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back - Indications for plain X-rays.

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 section, Radiographs.

Decision rationale: Pursuant to the Official Disability Guidelines, retrospective x-ray lumbar spine dated service January 31, 2015 is not medically necessary. Radiographs are not

recommended in the absence of red flags. Lumbar spinal radiography should not be recommended in patients with low back pain in the absence of red flags were serious spinal pathology, even if pain is persistent for six weeks. Indications for imaging include, but are not limited to, lumbar spine trauma; uncomplicated low back pain, trauma, steroids; uncomplicated low back pain, suspicion of cancer, infection; post surgery, evaluation status of fusion; etc. In this case, the injured worker's working diagnoses are cervical intervertebral disc syndrome; cervical radiculitis/neuritis; and lumbar intervertebral disc syndrome. Date of injury is January 31, 2012. Request for authorization is June 29, 2015 (the request is retrospective to January 31, 2015). According to the utilization review, the reviewing provider referenced a January 15, 2015 progress note. There is no January 15, 2015 progress note in the medical record. The January 15, 2015 progress note stated the injured worker had progressive pain and tingling in the hands for seven years. The injured worker underwent cervical fusion and had carpal tunnel syndrome. Objectively, there were no significant motor deficits. There was no documentation referencing the lumbar spine, neurologic abnormality of the lumbar spine or neurologic deficit of the lumbar spine. A subsequent progress note dated March 25, 2015 was present in the medical record by the treating chiropractor. This is two months post date of service. Based on clinical information and medical records, peer-reviewed evidence-based guidelines and no contemporaneous documentation on or about the date of request authorizations and no clinical indication or rationale for x-rays of the lumbar spine, retrospective x-ray lumbar spine dated service January 31, 2015 is not medically necessary.