

Case Number:	CM15-0187689		
Date Assigned:	09/29/2015	Date of Injury:	07/12/2005
Decision Date:	11/13/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/23/2015

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 68-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of July 12, 2005. In a Utilization Review report dated August 26, 2015, the claims administrator failed to approve a request for CT imaging of the lumbar spine. An RFA form received on August 19, 2015 and an associated progress note of August 6, 2015 were referenced in the determination. The claims administrator did seemingly suggest that the applicant had a history of prior lumbar spine surgery. The applicant's attorney subsequently appealed. On a progress note dated August 6, 2015, difficult to follow, blurred as a result of repetitive photocopying, the applicant reported ongoing complaints of low back pain status post earlier multilevel lumbar spine surgery. The applicant reported progressively worsening neurogenic claudication like complaints, the treating provider reported. The applicant was using Norco for pain relief. The attending provider stated that the applicant needed a new CT scan to evaluate for spinal stenosis above the level of this fusion. The applicant was placed off of work, on total temporary disability. On July 9, 2015, the treating provider reported that the applicant reported increasing difficulty walking over the preceding six months. The attending provider suggested that the applicant had developed neurogenic claudication. The treating provider stated that historical CT imaging failed to uncover evidence of significant spinal stenosis above the level of the earlier fusion procedure. A new CT scan was sought to apparently evaluate for suspected spinal stenosis. The requesting provider was an orthopedic spine surgeon, it was reported. 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 of 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 (ODG), Low Back Chapter, Computed tomography.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnositic Criteria.

Decision rationale: Yes, the proposed CT imaging of the lumbar spine is medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-4, page 297, CT or MRI imaging represent the diagnostic studies of choice for applicants with suspected spinal stenosis, as was seemingly present here, the treating provider reported on progress notes of July 9, 2015 and August 6, 2015, both of which suggested that the applicant reported heightened complaints of lower extremity pain while walking. The treating provider, a spine surgeon, stated that he suspected neurogenic claudications secondary to spinal stenosis. Obtaining CT imaging to delineate the extent of same was indicated. The fact that the requesting provider was the applicant's orthopedic spine surgeon strongly suggested that the applicant was intent on acting on the results of the study in question and/or possibly considers further surgical intervention based on the outcome of the same. Therefore, the request is medically necessary.