

Case Number:	CM15-0199636		
Date Assigned:	11/10/2015	Date of Injury:	06/15/2000
Decision Date:	12/21/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/12/2015

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: Emergency 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 64 year old male, who sustained an industrial injury on 06-15-2000. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for high blood pressure, arthritis, lumbar radiculopathy, stress, depression, and anxiety. Medical records (04-27-2015 to 08-19-2015) indicate ongoing low back pain and left lower extremity paresthesia. Pain levels were 1-5 out of 10 on a visual analog scale (VAS) while resting, and 6-8 out of 10 with activities. Records also indicate no changes in activity levels or level of functioning. The IW's work status was not specified. The physical exam, dated 09-19-2015, revealed an abnormal gait with use of an assistive device, tenderness and guarding over the lumbar paravertebral regions, spinous process and sacroiliac joints bilaterally, noticeable trigger points in the para spinal muscles, positive straight leg raises bilaterally, bilateral foot drop, decreased motor strength with range of motion (ROM) in the lumbar spine, decreased sensation in the lower extremities, and painful and restricted ROM. Relevant treatments have included: lumbar surgeries and radiofrequency ablations, physical therapy (PT), work restrictions, and medications. There were no previous imaging results available for review or discussed in the clinical notes. The request for authorization (08-19-2015) shows that the following tests were requested: CT scan of the lumbar spine, and x-rays of the lumbar spine (AP, lateral, flexion & extension views). The original utilization review (09-14-2015) non-certified the request for CT scan of the lumbar spine, and x-rays of the lumbar spine (AP, lateral, flexion & extension views).

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Scan of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

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

Decision rationale: The requested CT Scan of the Lumbar Spine, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Lower Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 303-305, recommend imaging studies of the lumbar spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option". The injured worker has low back pain and left lower extremity paresthesia. The treating physician has documented an abnormal gait with use of an assistive device, tenderness and guarding over the lumbar paravertebral regions, spinous process and sacroiliac joints bilaterally, noticeable trigger points in the para spinal muscles, positive straight leg raises bilaterally, bilateral foot drop, decreased motor strength with range of motion (ROM) in the lumbar spine, decreased sensation in the lower extremities, and painful and restricted ROM. Relevant treatments have included: lumbar surgeries and radiofrequency ablations, physical therapy (PT), work restrictions, and medications. There were no previous imaging results available for review or discussed in the clinical notes. The treating physician has not documented a history of lumbar surgery or other medical necessity for a CAT scan versus an MRI. The criteria noted above not having been met, CT Scan of the Lumbar Spine is not medically necessary.

X-Ray of the Lumbar Spine AP/lateral/flexion/extension views: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

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

Decision rationale: The requested X-Ray of the Lumbar Spine AP/lateral/flexion/extension views, is medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Special Studies and Diagnostic and Treatment Considerations, Page 303 note "Lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks;" and Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Radiography (x-rays) note "Radiography (x-rays) - Not recommend routine x-rays in the absence of red flags." The injured worker has low back pain and left lower extremity paresthesia. The treating physician has documented an abnormal gait with use of an assistive device, tenderness and guarding over the

lumbar paravertebral regions, spinous process and sacroiliac joints bilaterally, noticeable trigger points in the para spinal muscles, positive straight leg raises bilaterally, bilateral foot drop, decreased motor strength with range of motion (ROM) in the lumbar spine, decreased sensation in the lower extremities, and painful and restricted ROM. Relevant treatments have included: lumbar surgeries and radiofrequency ablations, physical therapy (PT), work restrictions, and medications. There were no previous imaging results available for review or discussed in the clinical notes. The treating physician has documented the presence of sufficient red flag conditions to establish the medical necessity for these x-rays. The criteria noted above having been met, X-Ray of the Lumbar Spine AP/lateral/flexion/extension views is medically necessary.