

Case Number:	CM15-0089733		
Date Assigned:	05/14/2015	Date of Injury:	06/10/2010
Decision Date:	07/01/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/11/2015

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 57-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of June 10, 2010. In a Utilization Review report dated May 1, 2015, the claims administrator failed to approve requests for MRI and CT imaging of the lumbar spine. The claims administrator referenced an April 17, 2015 progress note and an associated April 24, 2015 RFA form in its determination. The claims administrator acknowledged that the applicant had undergone earlier lumbar spine surgery and also suggested that the applicant had had a recent episode of heightened leg pain resulting in the right leg giving out. The applicant's pain complaints were severe and unrelenting, the claims administrator reported, as of the date in question. Weakness about the right leg in the 4+/5 range was reported. The applicant was apparently using a cane on that date, it was stated. In an April 6, 2015 psychology note, the applicant was described as having issues with depression following an earlier failed lumbar spine surgery. 7-8/10 pain complaints were reported. The applicant had apparently fallen a total of five times and broken several teeth, it was reported. The applicant stated that he was afraid of falling and was apparently using a walker and/or cane to move about. On April 15, 2015, authorization was sought for various dental procedures, including provision of a denture and/or placement of previously broken teeth. On April 17, 2015, the applicant reported ongoing complaints of low back pain radiating to the right leg, severe and unrelenting. The applicant's pain complaints were described intractable. The applicant was using a cane to move about. 4+/5 lower extremity strength was noted. The requesting provider, a spine surgeon, suggested CT scanning to verify the integrity of the lumbar fusion and MRI

imaging to determine the presence or absence of adjacent spinal stenosis. The requesting provider seemingly stated that x-rays of the lumbar spine of February 19, 2015 suggested that the applicant's indwelling lumbar fusion hardware was stable.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) of the lumbar spine with and without contrast:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: Yes, the request for MRI imaging of the lumbar spine with and without contrast 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 surgeries. Similarly, the MTUS Guideline in ACOEM Chapter 12, Table 12-4, page 297 also notes that either CT or MRI imaging can be used to demonstrate spinal stenosis, i.e., another diagnosis reportedly suspected here. Here, the applicant did present with ongoing complaints of low back pain radiating to the right leg, severe, unrelenting, and worsening over time. The applicant was having falling episodes and weakness about the affected right lower extremity. The requesting provider, a spine surgeon, seemingly suggested that the applicant would act on the results of the study in question and/or consider further surgical intervention based on the outcome of the same. Therefore, the request was medically necessary.

(Computed tomography) CT lumber spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 297; 303.

Decision rationale: Similarly, the request for CT 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 12-4, page 297, CT or MRI imaging can be used to confirm or establish a diagnosis of spinal stenosis, i.e., one of the diagnoses suspected here. The MTUS Guideline in ACOEM Chapter 12, page 303 further notes that CT imaging is the study of choice for pathology involving bony structures. Here, the requesting provider, a spine surgeon, seemingly suggested that CT imaging was being ordered to delineate the integrity of indwelling lumbar fusion hardware on the grounds that earlier plain film imaging of the same was negative. Moving forward with CT imaging was indicated, given the applicant's heightened radicular pain

complaints and episodes of falling surrounding the date of the request. Therefore, the request was medically necessary.