

Case Number:	CM14-0121207		
Date Assigned:	08/06/2014	Date of Injury:	03/25/2013
Decision Date:	10/06/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/31/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 63-year-old male with a 3/25/13 date of injury. At the time (5/27/14) of request for authorization for Psychological clearance before spine surgery; X-rays of the lumbar spine including AP, lateral, flexion and extension; and New Magnetic Resonance Imaging (MRI) of the lumbar spine, there is documentation of subjective (low back pain with numbness in legs) and objective (tenderness to palpation and guarding over the lumbar spine, 4/5 muscle strength, and decreased range of motion) findings, imaging findings (reported MRI lumbar spine (6/24/13) revealed mild to moderate left L5 foraminal narrowing due to lateralizing disc bulge; report not available for review; and x-rays lumbar spine (6/6/13) report revealed moderate degenerative changes of lumbar spine and grade I spondylolisthesis of L4 over L5), current diagnoses (lumbar disc protrusion, lumbar degenerative disc disease, and lumbar spondylolisthesis), and treatment to date (medications, physical therapy, and epidural steroid injections). Medical report identifies a request for psychological clearance before spine surgery and x-rays of the lumbar spine. Regarding X-rays of the lumbar spine including AP, lateral, flexion and extension; and New Magnetic Resonance Imaging (MRI) of the lumbar spine, there is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings).

IMR ISSUES, DECISIONS AND RATIONALES

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

1. Psychological Clearance before Spine Surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluation Page(s): 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Psychological Evaluation

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, as criteria necessary to support the medical necessity of psychological evaluation. Official Disability Guidelines identifies that psychological evaluation are well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in subacute and chronic pain populations, as criteria necessary to support the medical necessity of psychological evaluation. Within the medical information available for review, there is documentation of diagnoses of lumbar disc protrusion, lumbar degenerative disc disease, and lumbar spondylolisthesis. However, despite documentation of a request for psychological clearance before spine surgery, there is no documentation of a pending surgery that has been authorized/certified. In addition, there is no documentation of a rationale identifying the medical necessity of a psychological clearance prior to a surgery. Therefore, based on guidelines and a review of the evidence, the request for Psychological Clearance before Spine Surgery is not medically necessary.

2. X-Rays of The Lumbar Spine Including AP, Lateral, Flexion, and Extension: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar and Thoracic, Radiography (X-Rays) Other Medical Treatment Guidelines: Official Disability Guidelines (ODG) Medical Imaging

Decision rationale: MTUS reference to ACOEM identifies documentation of red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, do not respond to treatment, and who would consider surgery, as criteria necessary to support the medical necessity of lumbar spine X-Rays. In addition, ODG identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (such as: To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to

diagnose a change in the patient's condition marked by new or altered physical findings) as criteria necessary to support the medical necessity of a repeat imaging. Within the medical information available for review, there is documentation of diagnoses of lumbar disc protrusion, lumbar degenerative disc disease, and lumbar spondylolisthesis. However, there is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings). Therefore, based on guidelines and a review of the evidence, the request for X-rays of the lumbar spine including AP, lateral, flexion, and extension is not medically necessary.

3. New Magnetic Resonance Imaging (MRI) of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Other Medical Treatment Guidelines: Official Disability Guidelines (ODG) Medical Imaging

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery, as criteria necessary to support the medical necessity of MRI. ODG identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (such as: To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings) as criteria necessary to support the medical necessity of a repeat MRI. Within the medical information available for review, there is documentation of diagnoses of lumbar disc protrusion, lumbar degenerative disc disease, and lumbar spondylolisthesis. However, there is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings). Therefore, based on guidelines and a review of the evidence, the request for New Magnetic Resonance Imaging (MRI) of the lumbar spine is not medically necessary.

