

<b>Case Number:</b>	CM14-0210715		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	03/28/2011
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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. 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, Ohio, 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 [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 28, 2011. In a Utilization Review Report dated December 9, 2014, the claims administrator failed to approve a request for a CT of the lumbar spine without contrast. A medical-legal evaluation dated October 9, 2014, and a November 28, 2014 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On July 12, 2014, the applicant reported persistent complaints of low back pain radiating to the bilateral lower extremities, 6/10. The applicant was not working. The applicant was using Motrin, Neurontin, and Norco. The applicant was status post earlier knee surgery. The applicant exhibited intact about the bilateral lower extremities without any gross atrophy appreciated about the same. The applicant did exhibit a limp, however. The attending provider stated that the applicant had issues with probable L5-S1 lumbar radiculopathy. The applicant apparent had lumbar disk degeneration and known spondylosis at L4-L5 and L5-S1 with associated moderate-to-severe bilateral neuroforaminal stenosis. A second opinion consultation was endorsed. On July 4, 2014, the attending provider stated that the applicant was intent on pursuing a surgical remedy. The applicant was still off work. Persistent complaints of low back pain radiating to the bilateral lower extremities was evident. The applicant stated that epidural steroid injection therapy had proven unsuccessful. The applicant was asked to continue Norco, Neurontin, and Motrin nevertheless. The applicant was asked to follow up with her spine surgeon. Electrodiagnostic testing of November 9, 2014 was notable for L5-S1 nerve root irritation, which the electrodiagnostic testing stopped short of labeling it as a

lumbar radiculopathy. On September 26, 2014, the applicant's neurosurgeon stated that the applicant had several low back pain radiating to the bilateral lower extremities, left greater than right. The neurosurgeon suggested repeating lumbar MRI imaging and following up with the result of the same to discuss the need for surgical intervention. On November 28, 2014, Norco and morphine were endorsed. The applicant's primary treating provider reiterated the request for lumbar MRI imaging.

### **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 ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 12, Table 12-7, page 304 does score CT imaging a 3/4 in its ability to identify and define suspected spinal stenosis and/or disk protrusion, i.e., the diagnoses reportedly present here, in this case, however, several progress notes, referenced above, suggested that both the applicant's primary treating provider and neurosurgeon were intent on pursuing MRI imaging of the lumbar spine, including a neurosurgery note dated September 26, 2014 and RFA form dated October 6, 2014, and progress note dated November 20, 2014. Neither the applicant's primary treating provider nor the applicant's neurosurgeon specifically articulated a need for CT imaging of the lumbar spine in any of the progress notes and/or RFA forms, referenced above. Therefore, the request is not medically necessary.