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| Case Number: | CM14-0218739 | | |
| Date Assigned: | 01/08/2015 | Date of Injury: | 11/02/2012 |
| Decision Date: | 03/13/2015 | UR Denial Date: | 12/08/2014 |
| Priority: | Standard | Application Received: | 12/30/2014 |

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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 61-year-old male who reported an injury on 11/02/2012. The mechanism of injury was due to while lifting drywall and cement, the injured worker felt the onset of pain in the low back and left hip. The injured worker has diagnoses of remote lumbar fusion L4-S1, adjacent level degenerative disc disease and listhesis status post epidural, and vitiligo. Past medical treatment consisted of surgery, epidural steroid injections, physical therapy, and medication therapy. The injured worker underwent an MRI which showed involvement of 2 lower lumbar levels. No other information was specified regarding the MRI. X-rays of the lumbar spine revealed good position of the hardware at L4-S1 with evidence of adjacent segment collapse at L3-4 level, progressively worsened since the initial x-ray. On 01/12/2015, the injured worker complained of low back and left hip pain. The injured worker rated the intensity of pain from 5/10 to 6/10. The pain increased with sitting, standing, walking, and kneeling. The injured worker was able to bend, stoop, or squat. There was radiating pain from the left hip down to the left lower extremity most of the time and accompanied by numbness and tingling. Physical examination of the lumbar spine revealed tenderness along the left side of the incision. There was associated spasm and guarding of the left paralumbar musculature. There was also tenderness over the left sacroiliac joint. There was decreased range of motion in the lumbar spine. Straight leg raising sign was negative bilaterally. Comprehensive motor examination of the lower extremities, including extensor hallucis longus, anterior tibialis, gastrosoleus, and peroneus longus and brevis showed 5+/5+ motor power bilaterally. There was normal sensory examination to pinprick and deep touch. Medical treatment plan is for the injured worker to

undergo additional 1 single positional MRI of the lumbar spine and 1 lumbar spine CT scan. It was noted that the physician would like to further evaluate any new neural impingement and evaluate the fusion. Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 single positional MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for 1 single positional MRI of the lumbar spine is not medically necessary. The California MTUS/ACOEM Guidelines state that an unequivocal objective finding identifying specific nerve compromise on the neurological exam is sufficient evidence to warrant imaging in injured workers who do not respond to treatment. However, it also stated that when the neurologic exam is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an MRI. The included documentation failed to show evidence of significant neurologic deficits on physical examination. Additionally, the documentation failed to show that the injured worker had tried and failed an adequate course of conservative treatment. Furthermore, it was also indicated in the submitted documentation that the injured worker had undergone an MRI of the lumbar spine. There were no other significant factors provided to justify the use of an additional MRI. Given the above, the injured worker would not be within the recommended guideline criteria. As such, the request is not medically necessary.

1 Lumbar Spine CT Scan: Upheld

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): 303-305.

Decision rationale: The request for 1 lumbar spine CT scan is not medically necessary. The California MTUS/ACOEM Guidelines state that if physiological evidence indicates tissue insult or nerve impairment, the practitioner can discuss with the consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging for neural or other soft tissue, computed tomography for bony structures). The submitted documentation indicated that the injured worker had undergone a recent MRI, as well as extra imaging to evaluate the lumbar spine. There was no rationale submitted for review to warrant the request. It is unclear how the provider feels a lumbar spine CT would be beneficial to the plan of care of the injured worker.

Given the above, the request would not be indicated. As such, the request is not medically necessary.