

Case Number:	CM14-0097183		
Date Assigned:	09/16/2014	Date of Injury:	03/22/2002
Decision Date:	06/25/2015	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/25/2014

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, 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 68-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 22, 2002. In a Utilization Review report dated June 11, 2014, the claims administrator failed to approve requests for CT and MRI imaging of the lumbar spine. A May 27, 2014 RFA form and an associated progress note of May 8, 2014 were referenced in the determination. The applicant's attorney subsequently appealed. The applicant apparently received physical therapy at various points in mid 2014, including on June 3, 2014 and May 23, 2014. In a RFA form dated March 31, 2014, an orthopedic spine surgery referral was sought. In an undated applicant statement, the applicant stated that he had undergone earlier failed lumbar spine surgery but had residual complaints of low back pain and left lower extremity paresthesias. The applicant stated that he wished to obtain a second opinion spine surgery consultation. On May 8, 2014, the applicant was described as having undergone earlier L4-L5 and L5-S1 fusion surgery on July 8, 2003. The applicant reported worsening claudication-like pain and paresthesias about the legs. The applicant was described as having progressively worsened over time. The applicant had superimposed issues with peripheral arterial disease, it was suggested, status post peripheral angioplasty, it was suggested. 7/10 pain complaints were noted. The applicant exhibited 5- to 5/5 lower extremity strength with a cautious gait evident. Reflexes and sensorium were intact. The applicant was described as 11 years removed from earlier spine surgery. MRI imaging and CT imaging were sought, despite the fact that the treating provider reported that the applicant was able to have MRI imaging with indwelling peripheral arterial stent. It was stated that spinal stenosis was the primary suspected diagnosis here. The attending provider seemingly stated that CT imaging was being sought to evaluate the integrity of the applicant's indwelling

lumbar fusion hardware. The requesting provider was an orthopedic spine surgeon's physician assistant (PA).

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 unenhanced: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 289-290.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 297, 304.

Decision rationale: Yes, the request for CT imaging of the lumbar spine was medically necessary, medically appropriate, and indicated here. The attending provider stated that spinal stenosis was one of the primary suspected considerations here. The MTUS Guideline in ACOEM Chapter 12, Table 12-4, page 297 notes that CT or MRI findings positive for stenosis do represent a diagnostic study of choice indicated in establishing the same. The MTUS Guideline in ACOEM Chapter 12, page 303 also notes that CT imaging is the imaging test of choice to define a potential bony cause of ongoing pain complaints. Here, the attending provider stated that he was intent on assessing the integrity of the applicant's earlier lumbar fusion hardware. The applicant's lower extremity pain and paresthesias were described as progressively worsening over time, increasing the likelihood of the applicant's acting 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.

MRI of the Lumbar Spine without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 59.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 297, 304.

Decision rationale: Similarly, the request for MRI imaging of the lumbar spine without contrast was likewise 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 a test of choice for applicants who have had prior back surgery, as transpired here. The MTUS Guideline in ACOEM Chapter 12, Table 12-4, page 297 also notes that a CT or MRI positive for stenosis is the diagnostic study of choice for applicants with suspected spinal stenosis, i.e., another suspected consideration here. The applicant was described as having worsening symptoms of lower extremity pain, paresthesias, and claudications as of the May 8, 2014 office visit in question. The applicant exhibited a cautious gait with some weakness about the lower extremity musculature. Obtaining MRI imaging to delineate the source of the applicant's symptoms, extent of spinal stenosis, and/or integrity of the earlier lumbar fusion surgery hardware was, thus, indicated. The fact that the applicant's symptoms were progressively worsening over time, coupled with the fact that the requesting provider was a physician assistant (PA) associated with a spine surgery practice, taken together, significantly increased the likelihood of the applicant's acting 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.