

Case Number:	CM15-0000433		
Date Assigned:	01/12/2015	Date of Injury:	09/10/2008
Decision Date:	03/16/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/02/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 patient is a 42 year old male with an injury date of 09/10/08. Based on the 08/21/14 progress report, the patient complains of right knee pain medially and laterally. There is tenderness noted anteriorly both on the medial and lateral sides. Range of motion extension to 0 degrees and flexion 130 degrees. Muscle strength is rated 5 minus out of 5. The 10/07/14 report states that he has tenderness in the patellar space and only mild tenderness medially. Most of his pain is in the retropatellar space and he has pain over the lateral side of the knee. The 12/03/14 report states that he has pain at the lower back and at the lower thoracic area. On 05/29/14, the patient underwent a lumbar laminectomy, decompression and TLIF L5-S1. The 09/16/14 CT scan of the lumbar spine revealed the following: 1. There are new surgical changes of anterior and posterior fusion with decompressive laminectomy at the L5-S1 level. There has also been facetectomy on the left at this level. There is incomplete bony incorporation of the interbody graft at this time. There is mild to moderate left and mild right foraminal narrowing at this level secondary to endplate osteophyte and mild facet degenerative changes. Central canal appears to be grossly patent. The patient's diagnoses include the following: 1. Chronic right knee pain 2. Status post knee arthroscopy with subtotal medial meniscectomy 3. Mild to moderate degenerative changes. The utilization review determination being challenged is dated 12/15/14. Treatment reports are provided from 06/13/14- 12/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan without contrast: 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 (ODG), Low Back, Indications for imaging - computed tomography

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back chapter, CT scans

Decision rationale: The patient presents with pain at the lower back and at the lower thoracic area. The request is for a CT SCAN WITHOUT CONTRAST of the lumbar spine. There is no RFA provided and the patient is currently temporary totally disabled. The patient had a prior CT scan of the lumbar spine on 09/16/14. Regarding CT scans of the lumbar spine, ODG guidelines, low back chapter state: "Not recommended except for indications below for CT. Magnetic resonance imaging has largely replaced computed tomography scanning in the noninvasive evaluation of patients with painful myelopathy because of superior soft tissue resolution and multiplanar capability." Indications for imaging: Thoracic spine trauma: equivocal or positive plain films, no neurological deficit Thoracic spine trauma: with neurological deficit Lumbar spine trauma: trauma, neurological deficit Lumbar spine trauma: seat belt chance fracture Myelopathy neurological deficit related to the spinal cord, traumatic Myelopathy, infectious disease patient Evaluate pars defect not identified on plain x-rays Evaluate successful fusion if plain x-rays do not confirm fusion. The 12/03/14 report states that "on the basis of his continued pain and current x-rays taken today, I think that further imaging with a repeat CT scan is in order." No further reasoning for this request is provided. The patient had a prior CT scan of the lumbar spine on 09/16/14. There is no discussion of recent trauma or pending surgical intervention which would warrant CT scan of the lumbar spine. Therefore, this requested CT scan IS NOT medically necessary.

MRI scan without contrast low thoracic and lumbar area (2): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 172, 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Low Back Lumbar & Thoracic Chapter, MRIs

Decision rationale: The patient presents with pain at the lower back and at the lower thoracic area. The request is for a MRI scan without contrast low thoracic and lumbar area (2). There is no RFA provided and the patient is currently temporary totally disabled. Review of the reports provided does not indicate if the patient had a prior MRI scan of the low thoracic and lumbar area. For special diagnostics, ACOEM Guidelines page 303 states, "Unequivocal objective findings that identify specific nerve compromise on neurological examination are sufficient evidence to warrant imaging in patients who do not respond well to treatment and who could

consider surgery an option. Neurological examination is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." ODG Guidelines on low back chapter MRI topic states that, "MRI are tests of choice for patients with prior back surgery, for uncomplicated low back pain with radiculopathy, not recommended until after at least 1 month of conservative therapy, sooner if severe or a progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology" such as a tumor, infection, fracture, nerve compromise, recurrent disk herniation. ODG guidelines Low Back Lumbar & Thoracic Chapter, MRIs Topic, state, "A new meta-analysis of randomized trials finds no benefit to routine lumbar imaging (radiography, MRI, or CT) for low back pain without indications of serious underlying conditions, and recommends that clinicians should refrain from routine, immediate lumbar imaging in these patients. (Chou-Lancet, 2009)" ODG further states MRIs are indicated for uncomplicated low back pain with radiculopathy after at least 1 month conservative treatment. The 12/03/14 report states that due to "persistent pain, I think an MRI scan [of the] low thoracic and lumbar area should be performed in order to identify possible adjacent level disk." There are no positive exam findings provided regarding the low back and thoracic spine. In this case, there is lack of sufficient documentation of thoracic issues, such as any radiation into thoracic cavity to warrant an MRI. There are no red flags such as myelopathy, or suspicion for tumor/infection/fracture to warrant an MRI for the lumbar spine either. The requested MRI scan for the low thoracic and lumbar area IS NOT medically necessary.