

Case Number:	CM15-0126701		
Date Assigned:	07/13/2015	Date of Injury:	01/20/2012
Decision Date:	08/07/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	06/30/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 injured worker is a 51 year old female, who sustained an industrial injury on 1/10/12. She reported pain in her lower back and hips. The injured worker was diagnosed as having lumbar radiculopathy, lower back pain and status post lumbar fusion. Treatment to date has included a lumbar x-ray on 9/4/13 showing no gross change compared to prior examination before spinal fusion and physical therapy. As of the PR2 dated 5/6/15, the injured worker reports sacroiliac problem and pelvic rotation. She is status post total hip replacement. Objective findings include a positive Faber sign. The treating physician wants a lumbar CT to assess the success of the lumbar fusion and an MRI for continued radiculopathy. The treating physician requested a lumbar CT scan and a lumbar MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Computed tomography (CT).

Decision rationale: Pursuant to the Official Disability Guidelines, Cat scan of the lumbar spine is not medically necessary. Magnetic resonance imaging has largely replaced cubit tomography scanning in the noninvasive evaluation of patients with painful myelopathy because of superior soft tissue resolution and multi-planar capability. The new ACP/APS guideline states CT scanning should be avoided without a clear rationale for doing so. Indications for CT scanning include, but are not limited to, thoracic spine trauma with neurologic deficit, equivocal or positive plain films with no neurologic deficit; lumbar spine trauma with neurologic deficit; etc. In this case, the injured worker's working diagnoses are low back pain; lumbar radiculopathy; and status post fusion. The date of injury is January 10, 2012. The request for authorization is June 18, 2015. According to a May 6, 2015 progress note the worker underwent a total hip replacement and L5 - S1 fusion with instrumentation (dates unknown). The injured worker has subjective SI complaints. The treating provider is requesting a CAT scan to assess the success of the fusion. The guidelines support the use of CAT scans for the lumbar spine is an option to evaluate a successful fusion, if plain radiographs do not confirm the fusion. The documentation clearly identifies the fusion is complete from L3 - S1. There is no clinical indication for CAT scan confirmation. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, CAT scan of the lumbar spine is not medically necessary.

MRI lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-5. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, MRI lumbar spine.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI of the lumbar spine is not medically necessary. MRIs of the test of choice in patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, it is not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. Indications (enumerated in the official disability guidelines) for imaging include, but are not limited to, lumbar spine trauma, neurologic deficit; uncomplicated low back pain with red flag; uncomplicated low back pain prior lumbar surgery; etc. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. See the ODG for details. In this case, the injured worker's working diagnoses are low back pain; lumbar radiculopathy; and status post fusion. The date of injury is January 10, 2012. The request for authorization is June 18, 2015. According to a May 6, 2015 progress note the worker underwent a total hip replacement and L5-S1 fusion with instrumentation (dates unknown). The injured worker has subjective SI complaints and subjective complaints of radiculopathy. The treating provider is requesting an MRI to further workup radiculopathy. There is no

physical examination documented in the May 6, 2015 progress note. There is no neurologic evaluation with objective evidence of radiculopathy. Consequently, absent objective clinical documentation of radiculopathy and a neurologic evaluation, MRI of the lumbar spine is not medically necessary.