

Case Number:	CM15-0067177		
Date Assigned:	04/14/2015	Date of Injury:	01/24/2004
Decision Date:	05/19/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/08/2015

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: 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 50-year-old who has filed a claim for chronic low back and left knee pain reportedly associated with an industrial injury of January 24, 2004. In a Utilization Review report dated March 10, 2015, the claims administrator failed to approve requests for a CT scan for the lumbar spine, MRI imaging of the lumbar spine with contrast, and a three-phase bone scan. The claims administrator referenced a February 23, 2015 progress note in its determination. The claims administrator noted that the applicant had undergone earlier failed lumbar fusion surgery as well as a prior lumbar disk replacement surgery, along with a femur ORIF procedure. The applicant's attorney subsequently appealed. On April 1, 2015, the applicant reported ongoing complaints of low back pain. The attending provider reported that the applicant had plenty of pathology to account for radicular low back and left lower extremity pain complaints. The applicant used a walker from time to time, it was acknowledged. The applicant was using four tablets of Norco daily, it was reported. The applicant was placed off of work, on total temporary disability. A pain management consultation, MRI imaging of the lumbar spine, CT imaging of the lumbar spine, and three-phase bone scan of the knee were endorsed. The requesting provider appeared to be a general orthopedist. Medical transportation and referral to a knee specialist were proposed. There was no mention of how (or if) the proposed imaging studies would influence or alter the treatment plan. On February 18, 2015, the applicant was, once again, placed off of work, on total temporary disability. The applicant was asked to continue using a walker. MRI imaging of the lumbar spine, CT imaging of the lumbar spine, a three-phase bone

scan, a knee surgery referral, and medical transportation were endorsed. Once again, it was not stated how the proposed studies would influence or alter the treatment plan.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Bone Scans.

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

Decision rationale: No, the proposed CT scan of the lumbar spine was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, Table 12-7, page 304 does acknowledge that CT imaging of the lumbar spine scored a 3/4 in its ability to identify and define suspected spinal stenosis and 2/4 in its ability to define suspected post-laminectomy syndrome, both of which could be present here, this recommendation is, however, qualified by further commentary made in ACOEM Chapter 12, page 304 to the effect that imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. Here, however, there was no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention involving the lumbar spine based on the outcome of the study in question. It was not stated how the proposed CT scan would influence or alter the treatment plan. The requesting provider was seemingly a general orthopedist, not a spine surgeon, reducing the likelihood of the applicant's acting on the results of the study in question. Therefore, the request was not medically necessary.

MRI lumbar spine with Gado: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304 and 309.

Decision rationale: Similarly, the request for an MRI of the lumbar spine with gadolinium contrast was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309 does acknowledge that MRI imaging is recommended as a test of choice for applicants who have had prior back surgery, this recommendation is, however, qualified by commentary made in ACOEM Chapter 12, page 304 to the effect that imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. Here, however, there was no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention involving the lumbar spine based on the outcome of the study in question. It was not stated how the proposed

lumbar MRI would influence or alter the treatment plan. The attending provider did not furnish a clear or compelling rationale for the study. The attending provider did not signal his intention to act on the results of the same. It appeared, based on the fact that three separate imaging studies were concurrently ordered, that the attending provider was intent on ordering the study in question for routine evaluation purposes, with no clearly formed intention of acting on the results of the same. Therefore, the request was not medically necessary.

3 Phase bone scan: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Bone Scans.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 304.

Decision rationale: Similarly, the request for a three-phase bone scan was likewise not medically necessary, medically appropriate, or indicated here. The attending provider indicated in his progress notes of February 18, 2015 and April 1, 2015 that the bone scan was intended primarily for the purpose of evaluating the applicant's left knee pain. While the MTUS Guideline in ACOEM Chapter 13, Algorithm 13-1, page 348 does suggest considering bone scanning to evaluate for a source of potential infection in younger applicants, in this case, however, there was no mention of what was sought and/or what was suspected here. It was not stated how the proposed knee bone scan would influence or alter the treatment plan. While the applicant did have residual complaints of left knee pain status post earlier left knee total knee arthroplasty, as with the preceding request, the attending provider did not signal his intention to act on the results of the study in question. The attending provider did not state what postoperative imaging studies have been ordered through the date of the request for a bone scan. The attending provider did not explicitly state that he suspected an infected prosthesis here. Therefore, the request was not medically necessary.