

Case Number:	CM13-0001911		
Date Assigned:	01/22/2014	Date of Injury:	07/15/2008
Decision Date:	03/25/2014	UR Denial Date:	07/11/2013
Priority:	Standard	Application Received:	07/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 45-year-old male who reported an injury on 07/15/2008. Review of the medical record reveals the patient's diagnoses include status post 360 degrees lumbar fusion dated 05/12/2011, myoligamentous strain of the lumbar; MRI evidence on 10/04/2010 of grade II anterolisthesis of L5 on S1 resulting in high grade narrowing of the neural foramina bilaterally with compression of the exiting right and left L5 nerve roots, as well as a 3 mm midline disc protrusion at L4-5; neural diagnostic evidence on 03/25/2009 of right L5-S1 radiculopathy. The patient had prior CT myelogram performed on 11/15/2012 which showed L5-S1 fusion. The patient complained of moderate to severe low back pain that radiated into the bilateral lower extremities. The pain is worse with walking, sitting, and bending. Objective findings included range of motion of the lumbar spine was decreased and there was noted tenderness to palpation of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 CT scan of the lumbar spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): 44, 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

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

Decision rationale: California MTUS/ACOEM does not address the use of CT scan with specific criteria. It does state if physiological evidence indicates tissue insult or nerve impairment, the practitioner can discuss with the consultant the selection of an imaging test to define potential cause to include MRI for neural or soft tissue and a Computerized Tomography (CT) for bony structures. Per Official Disability Guidelines, it is stated that CT of the lumbar spine is not recommended except if indicated by lumbar spine trauma, to include neurological deficit or lumbar spine trauma with seatbelt fracture possible, myelopathy trauma, or myelopathy with possible infection disease patient. It is also stated that a CT of the lumbar spine can be used to evaluate successful fusion if a plain x-ray does not confirm fusion; however, CT myelogram dated 11/15/2012 did indicate L5-S1 fusion. The requested service is for CT of the lumbar spine without contrast. There are no indications of any significant changes in the patient's condition since the previous CT myelogram was performed on 11/15/2012. There have been no red flags for serious pathology, and no documentation provided in the medical record to indicate what pathology is suspected, or how an additional CT of the lumbar spine would help define any additional treatments. As such, the medical necessity for the requested service cannot be determined at this time and the request for 1 CT scan of the lumbar spine without contrast is non-certified.