

Case Number:	CM13-0013277		
Date Assigned:	09/25/2013	Date of Injury:	09/25/2006
Decision Date:	01/27/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/16/2013

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 Orthopedic Surgery, and is licensed to practice in California. 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 49-year-old gentleman who was injured on 10/01/12 sustaining injury to his low back. Records available for review include a recent 07/16/13 assessment with [REDACTED], [REDACTED], where the claimant was noted to be following up of his lumbar complaints. He was noted to be status post a L4-5 and L5-S1 fusion of 04/17/12. He indicates a recent series of trigger point injections had provided recent relief. Physical examination demonstrates tenderness, spasm, and stiffness describing "some evidence of radiculopathy". However, formal findings were not noted. Treating physician indicated that "some updated imaging studies including Magnetic Resonance Imaging and computed tomography scan of the spine" would be requested. The radiographs reviewed from 01/04/13 stated hardware were in good position with fusion consolidating.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computed tomography scan of the lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287.

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

Decision rationale: Based on California Medical Treatment Utilization Schedule (MTUS) Guidelines and Official Disability Guidelines criteria, computed tomography imaging in this case would not be supported. While computed tomography imaging could be used to evaluate successful fusion if plain films do not confirm fusion, there is clear documentation in this case of plain film radiographs from January 2013 that demonstrate good position of hardware and consolidated fusion. The absence of documentation of suspected pseudoarthrosis or malunion would fail to necessitate the role of a computed tomography scan at this chronic stage in the claimant's postoperative course of care