

Case Number:	CM13-0020939		
Date Assigned:	10/11/2013	Date of Injury:	05/16/2005
Decision Date:	03/26/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	09/06/2013

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 Pennsylvania. 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:

This claimant is a 42-year-old female who was injured at work. The records for review indicated an injury to the low back and included a recent 07/29/13 assessment by [REDACTED] documenting ongoing complaints of lumbar pain with a current diagnosis of lumbar disc degeneration, lumbar spondylosis, obesity, and status post L4 through S1 lumbar fusion. Clinical radiograph reports were not provided for review. There was a request for a CT scan of the lumbar spine to assess for fusion and foraminal changes. Medications were recommended. Physical examination findings on that date demonstrated tenderness over the L4-5 level as well as the bilateral sacroiliac joints. Further clinical imaging in the postoperative setting was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The role of CT imaging in the postoperative setting for fusion is only recommended to assess the fusion if negative or inconclusive radiographs are noted. The records

in this case do not indicate any postoperative radiographs available for review, which also could give clinical assessment of the claimant's fusion status. The specific request for a CT scan at this stage in the clinical course of care would not be indicated. Therefore, the requested CT scan of the lumbar spine is not medically necessary or appropriate at this time.