

Case Number:	CM13-0021592		
Date Assigned:	11/27/2013	Date of Injury:	12/05/2009
Decision Date:	02/04/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/09/2013

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 & Rehabilitation 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 reported an injury on 12/05/2009. The patient had been diagnosed with lumbosacral radiculitis, lumbar sprain, spondylolisthesis, lumbosacral disc degeneration and thoracic and lumbar sprain. The patient is also status L5-S1 posterior fusion and spinal cord stimulator implantation. On 12/02/2013, the patient returned to his primary care physician for a follow-up regarding his chronic low back pain. In the interim, it noted that he had a couple of near falls when his back locked up. The patient stated he has limited sitting and walking tolerance of about 15 minutes a piece, which is quite reduced for him. The patient also noted mild ankle swelling and discomfort across the back as well as his neck area and finds leaning forward in the seated position seems to be the most minimal position for him. However, extension of his neck tends to be aggravating. Upon physical examination, the patient had some degree of distress but was noted to be quite slow in movement on that date. There was no obvious gross deformity across the region, and no significant pelvic obliquity or scoliosis. Considerably increased tension across the entire lumbar region extending into the thoracic region was noted as well compared to the neck with associated broad based discomfort. The patient was noted as having intact to light touch throughout both lower extremities, without dermatomal pattern on the neuromuscular examination of the lower limbs. The physician is now requesting a computerized tomography scan of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

computerized tomography 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 (ODG), Low Back.

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

Decision rationale: Under California MTUS/ACOEM Guidelines, it states that CT scans are recommended when cauda equina, tumor, infection, or fractures are strongly suspected and plain film radiographs are negative. It further states that MRIs are the test of choice for patients with prior back surgery. In the case of this patient, the medial documentation does not indicate a neurological change suggesting a suspected disc lesion at a particular level. There was only noted discomfort while sitting or ambulating for extended periods of time. Furthermore, the guidelines recommend using an MRI imaging study as a test of choice for patients with a history of back surgery. Therefore, the medical necessity for a CT scan of the lumbar spine is not established at this time. As such, the requested service for a computerized tomography scan of the lumbar spine is non-certified.