

Case Number:	CM13-0025175		
Date Assigned:	12/13/2013	Date of Injury:	09/03/1994
Decision Date:	02/06/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/17/2013

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 Occupational Medicine 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 41 year old male with a work related injury to his low back on 9/3/94. The patient is status post L5-S1 fusion in 1998. He returned to his primary treating physician (PTP) on 7/18/13 for evaluation. He was last seen 3 years prior to this date. He complained of increased low back and right leg pain over last 6 months. He feels as though he can feel the hardware in his back and asking if this could be removed. Findings revealed tenderness and right sided pain in the low back with one trigger at the L5-S1 region, flexion at 45 degrees and extension at 20 degrees, muscle strength and reflexes were normal and (-) straight leg raise (SLR). X-rays reveal a fusion which appears solid without any hardware complication and degenerative change of T12-L2. Diagnosis was displacement of lumbar intervertebral disc disease (IVD) without myelopathy, degeneration of lumbar IVD and lumbago. His meds consist of Vicodin, Tramadol, Gabapentin 1200mg and Flexeril. A request was made for PTx8 before requesting the removal of hardware. PTP progress report dated 8/22/13 reveals he had increased symptoms of pain in his low back and down his right leg. Patient has increased Vicodin to 4-5 tabs/day. A request was made for Intrathecal contrast CT of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

intrathecal contrast CT scan of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 59.

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

Decision rationale: The notes state that the physician wanted to complete physical therapy before considering surgery to remove hardware. There is an X-ray of the spine that does not show compromise of hardware in the spine. There is no evidence of further neurologic dysfunction or changes. The CT could be used when surgery is a consideration. However, now that the x-ray shows no hardware compromise, and the surgeon is going to see how physical therapy helps symptoms in the back, CT is not needed until surgery becomes a likely option.