MAXIMUS Federal Services

Case Number:	CM13-0028158		
Date Assigned:	11/22/2013	Date of Injury:	06/03/2003
Decision Date:	08/14/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 expert 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 injured worker is a 53 year old female who reported an injury on 06/03/2003. The mechanism of injury was not provided in the medical records. Her diagnoses included lumbar disc degeneration, lumbar stenosis, and radiculopathy. Within the most recent clinical notes dated 08/26/2013, the injured worker had complaints of increased low back and sacroiliac joint pain radiating down her bilateral legs for one and a half weeks. Her current medications include Zanaflex, Neurontin, Percocet, and MS Contin. On physical examination of the lumbar spine and lower extremities, the physician reported the injured worker walked with an antalgic gait and utilized a single point cane. On palpation of the lumbar spine, the physician reported there was tenderness on the bilateral sacroiliac joints. The dorsal pedis, posterior tibial pulses were present. The physician's treatment plan included a request for a CT myelogram of the lumbar spine as well as a CT scan of the sacroiliac joints to evaluate the source of severe worsening pain and weakness of the ankles bilaterally. He also recommended a pain management consult and bilateral sacroiliac joint blocks with arthrogram following the CT scans. The current request is for CT lumbar spine with contrast material and CT pelvis with contrast material. The rationale for the request was to evaluate the source of increased pain of the sacroiliac joints. The request for authorization was provided on 09/22/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT myelogram of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG guidelines online version regarding CT of the hip/pelvis.

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

Decision rationale: The ACOEM Guidelines state that CT imaging may be appropriate for a patient whose limitations due to consistent symptoms have persisted for 1 month or more to further evaluate the possibility of potential serious pathology, such as a tumor. The Guidelines also state imaging studies should be reserved for cases in which surgery is considered or red flag diagnoses are being evaluated. The clinical documentation provided indicated the injured worker had complaints of low back pain and weakness of physical examination. However, there was no indication that surgery was being considered or red flag diagnoses reported that would support the request. As such, the request is not medically necessary and appropriate.

CT scan of the sacroiliac joints: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG guidelines online version regarding CT of the hip/pelvis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis, CT (computed tomography).

Decision rationale: The Official Disability Guidelines state that CT scans are recommended if there are sacral insufficiency fractures, suspected osteoid osteoma, subchondral fractures, or failure of closed reduction. CT scans provide excellent visualization of bone and is used to further evaluate bony masses and suspected fractures not clearly identified on radiography window evaluation. The clinical documentation provided failed to indicate that the injured worker had sacral insufficiency fractures, suspected osteoid osteoma, subchondral fractures, or failure of closed reduction or physical exam to support the request. As such, the request is not medically necessary and appropriate.