

Case Number:	CM13-0036861		
Date Assigned:	02/20/2014	Date of Injury:	02/04/2010
Decision Date:	05/23/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/22/2013

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 Physical Medicine and 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 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 47-year-old female who reported a work-related injury on 02/04/2010. The mechanism of injury was not provided in the medical records. The patient's diagnosis included an L3-4 posterolateral fusion on 06/2010. The documentation indicated a CT of the lumbar spine was completed on 01/23/2013. The findings of the CT were status post posterior spinal fusion at T12-L1; status post anterior and posterior spinal fusion at L3-4 with L3 and possible L4 laminectomy. There was L3 spondylosis with no evidence of stenosis. On 08/06/2013, the injured worker was seen with complaints of right hip problems and also progressive pain in her back. Also, the injured worker's pain had moved up higher than it previously was and had complaints of neck pain. There was no objective physical exam completed during this office visit. The request is for a CT scan of the lumbar spine and cervical spine; the date and rationale were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

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

Decision rationale: The request for a CT scan of the lumbar spine is non-certified. California MTUS/ACOEM does recommend a CT when cauda equina, tumor, infection, or fracture is strongly suspected and plain film radiographs are negative. On 08/06/2013, the patient did have a number of problems including right hip problems and also progressive pain in her back. The physician noted the injured worker's pain had moved higher up than it was before and she also has been complaining of some neck pain. There was no documentation of an actual physical exam at this office visit. California MTUS/ACOEM also notes that a CT of the lumbar spine was optional for preoperative planning if an MRI was unavailable. If physiological evidence indicates tissue insult or nerve impingement, the practitioner can discuss with the consultant the selection of an imaging test to define the potential cause (magnetic resonance imaging for neural or other soft tissue and computed tomography for bony structures). Details regarding the injured worker's deficits were not provided including the physical exam and objective functional deficits. The California MTUS/ACOEM Guidelines are specific on when a Lumbar CT is recommended which includes suspicion of cauda equina tumor, infection, or fracture. Given the lack of a physical examination or documented suspicion of cauda equina, tumor, infection or fracture, the request does not meet guideline criteria. Therefore, the request is non-certified.

A CT scan of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 181-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: On 08/06/2013, the injured worker was noted to have complaints of neck pain. There was no documented physical exam at this appointment. The California MTUS/ACOEM Guidelines does note criteria for ordering imaging studies is any emergence of red flags, physiological evidence of tissue insult or neurological dysfunction, failure to progress in strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The documentation provided for review indicated that the patient did have complaints of neck pain. However, there was no physical exam to support any objective findings of neurological deficits to support the necessity of the CT. Therefore, the request is non-certified.