

Case Number:	CM13-0038438		
Date Assigned:	04/25/2014	Date of Injury:	06/23/2010
Decision Date:	07/07/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/25/2013

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 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 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 patient is a 38-year-old female who has submitted a claim for lumbar herniated disc s/p anterior and posterior fusion L5-S1 associated with an industrial injury date of June 23, 2010. The patient is status post anterior and posterior lumbar fusion surgery (December 3, 2012). She currently presents with residual pain. Physical examination of the lumbar spine showed limitation of motion and tenderness from L2 to L5-S1 with slight spasm present. The diagnosis was chronic lumbar pain status post anterior and posterior lumbar fusion surgery. A CT scan of the lumbar spine was requested to check if the fusion is solid. Treatment to date has included oral and topical analgesics, muscle relaxants, lumbar spine surgery and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPUTED TOMOGRAPHY SCAN OF THE LUMBAR WITHOUT CONTRAST:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines, Indications for imaging - Computed tomography.

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

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines (ODG) was used instead. ODG recommends computed tomography to evaluate successful fusion if plain x-rays do not confirm fusion. In this case, a plain radiograph of the lumbar spine was obtained in July 2013 and showed a solid fusion. Moreover, there was no objective evidence of lumbar spine instability based the most recent physical examinations. The guideline supports the use of plain radiographs as an initial assessment tool to confirm lumbar fusion. There is no indication for a lumbar CT scan at this time. Therefore, the request for computed tomography scan of the lumbar without contrast is not medically necessary.