

Case Number:	CM13-0041123		
Date Assigned:	12/20/2013	Date of Injury:	12/09/2009
Decision Date:	02/18/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/18/2013

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 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 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 54-year-old male who reported an injury 12/09/2009. The patient is diagnosed as status post global decompression, fusion, and instrumentation at L3-S1. The patient was recently seen by [REDACTED] on 12/05/2013. The patient had completed 12 postoperative physical therapy sessions. Physical examination revealed 60 degree forward flexion, 20 degree backward flexion, 1+ deep tendon reflexes at the knees, and 1+ deep tendon reflexes at the ankles. It is noted the patient's condition had reached maximum medical improvement, and the patient was urged to complete authorized supervised physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Computed Tomography (CT).

Decision rationale: : California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a

consultant the selection of an imaging test to define a potential cause including CT scan for bony structures. Official Disability Guidelines state indicates for CT scan include thoracic or lumbar spine trauma, myelopathy, or to evaluate pars defect or a successful fusion if plain x-rays do not confirm fusion. As per the clinical notes submitted, the patient is status post lumbar interbody fusion. However, the patient underwent CT scan of the lumbar spine on 07/15/2013 which indicated no evidence of hardware fracture or loosening. The patient also underwent subsequent x-rays of the lumbar spine on 09/09/2013 as well as 10/21/2013 which indicated stable postsurgical changes without any acute abnormality. There is no mention or discussion of the need for a repeat CT scan within the documentation provided. There is insufficient information provided by the attending healthcare provider to associate or establish the medical necessity for the requested repeat CT scan of the lumbar spine. Based on the clinical information received, the request is non-certified.