

Case Number:	CM13-0053140		
Date Assigned:	12/30/2013	Date of Injury:	04/26/2006
Decision Date:	03/17/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/18/2013

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 Orthopedic Surgery and is licensed to practice in Texas. 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 37-year-old male who reported an injury on 04/26/2006. The patient has been treated for persistent pain opposite the left sacroiliac joint. His examination on 08/15/2013 noted satisfactory sensory, motor and deep tendon reflexes. He did have a positive Patrick test and positive iliac wing compression test indicating the possibility of sacroilitis. The patient was most recently seen on 10/23/2013 for low back pain, with subsequent leg pain. His symptoms were stable and similar to the previous visits. His medications were working well and providing good relief of pain, muscle spasms and anxiety. The patient has been able to remain active, functional and working. The patient is status post spinal fusion to the L5-S1 level, which was performed in 2007 and removal of hardware in 2013. The physician is now requesting a CT scan of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Scan of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309,. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The MTUS/ACOEM Guidelines indicate that CT scans are recommended when kata equina, tumor, infection, or fracture is strongly suspected and plain film radiographs are negative. The Official Disability Guidelines indicate that CT scans are not recommended except for lumbar spine trauma with neurological deficits, lumbar spine trauma with fracture, also for myelopathy with neurological deficit related to spinal cord, myelopathy in infectious disease patient, and to evaluate pars defects not identified on plain x-rays, as well as evaluate successful fusion of plain x-rays if they do not confirm fusion. In the case, the rationale for requesting a lumbar spine CT scan is unclear. Therefore, the requested service is not deemed medically necessary as the patient has not had any significant changes in his pathology to warrant a CT scan at this time. As such, the requested service is non-certified.