

Case Number:	CM13-0059214		
Date Assigned:	12/30/2013	Date of Injury:	02/27/2001
Decision Date:	04/14/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/26/2013

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 Anesthesiology, has a subspecialty in Acupuncture & Pain 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 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 75-year-old female injured worker with date of injury 2/27/01. The patient had an MRI (magnetic resonance imaging) of the lumbar spine without contrast on 11/10/2013 and per the interpreting radiologist the impression of this study is: "1). The patient is again noted to be status post anterior and posterior fusion from L3-L4 through L5-S1. The anterior fusion appears solid at all levels. The posterior fusion appears solid at L3-4 and L4-5 on this MRI. There has been wide posterior decompression with no residual central stenosis. 2). The patient is again noted to be status post posterior decompression at L1-2 with mild residual central stenosis, not significantly changed. There is mild bilateral recess narrowing at this level. 3). The patient is again noted to be status post posterior decompression at L2-3 with no residual central stenosis. She has also undergone posterior fusion at this level. The degree of fusion would be best assessed on CT." The patient has been treated with physical therapy and medication management. The date of utilization review decision was 10/29/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT OF THE LUMBAR SPINE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Treatment Guideline or Medical Evidence: KrÄ¶ner, A. H., Eyb, R., Lange, A., Lomoschitz, K., Mahdi, T., Engel, A. (2006). Magnetic Resonance Imaging Evaluation of Posterior Lumbar Interbody Fusion. *Disclosures Spine*. 31(12):1365-1371.

Decision rationale: The MTUS and Official Disability Guidelines (ODG) are silent on the use of computed tomography (CT) scanning to define pseudoarthrosis. Per reference above, "It is generally considered that reformatted CT scanning is the most accurate procedure to determine interbody fusion" and rule out pseudoarthrosis. Per reference above, CT scan is more sensitive in detecting pseudoarthrosis, which is what the interpreting radiologist recommended.