

Case Number:	CM13-0059905		
Date Assigned:	12/30/2013	Date of Injury:	07/01/2011
Decision Date:	05/20/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	12/02/2013

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 Orthopedic Surgery 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 claimant is a 36-year-old gentleman who sustained a low back injury in a July 1, 2011, work related accident. Clinical records provided for review indicate that, following a course of conservative care, the claimant underwent a two-level L5-4 and L5-S1 decompression and fusion on June 25, 2013. A post-operative clinical note dated October 31, 2013, noted that the claimant reported continued complaints of pain in the upper low back and bilateral legs, particularly the left leg. In the left leg, the claimant reported experiencing a burning sensation. Physical examination demonstrated the following: tenderness to palpation of the paravertebral musculature consistent with spasm; positive facet maneuvers; diminished strength of 4+/5 in the right great toe and ankle dorsiflexion. Diminished sensation to the left L4-5 and right L5-S1 dermatomal distributions was noted. The claimant was diagnosed with spondylosis status post two-level fusion. The notes state that the claimant utilized a low back brace since surgery and attended approximately 20 sessions of physical therapy postoperatively. This request is for a CT scan of the lumbar spine and continued physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT SCAN OF 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): 287, 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: low back procedure - CT (computed tomography).

Decision rationale: The California ACOEM Guidelines and supported by the Official Disability Guidelines, do not recommend Low Back Complaints mend CT imaging in this case. California ACOEM Guidelines do not recommend proceeding with CT imaging absent significant clinical red flags or unequivocal objective findings demonstrating significant neurologic compromise. While the claimant reported some neurosensory change and motor weakness following the two-level fusion, the records contained no documentation that previous plain film radiographs had been taken. Absent the report of plain film radiographs, a CT scan would not be indicated. Additionally, if the claimant would have had significant neurologic findings, the CT scan would not have been useful in ruling out nerve compression post-fusion. For these reasons, the CT scan would not be medically necessary and appropriate.