

Case Number:	CM13-0068159		
Date Assigned:	01/03/2014	Date of Injury:	06/05/2002
Decision Date:	07/31/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/19/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 73-year-old male who has submitted a claim for status post multi-level reconstructive surgery of the lumbar spine at L3-L4, L4-L5 and L5-S1 with progressive lumbosacral spine pain and left leg pain associated with an industrial injury date of June 5, 2002. Medical records from 2012-2013 were reviewed. The patient complained of chronic low back pain, worse on the left than the right. The pain radiates down to the posteriolateral aspect of the left leg. The physical examination showed tenderness on the lumbar paraspinal musculature, left worse than the right. There was end point pain in flexion and extension of the lumbar spine. There was some diminished sensation over the posterior and lateral aspects of the left thigh and calf extending to the dorsolateral aspect of the left foot. The motor strength was intact. An x-ray of the lumbar spine, dated October 16, 2013, revealed anatomic placement of the pedicle screw rod construct, and the posteriolateral arthrodesis at the levels of the previous surgery is completely healed. Furthermore, it showed degenerated L2-L3, disc space narrowing and subchondral sclerosis in the end plates at L2-L3, and retrolisthesis of L2 and L3. The treatment to date has included medications, physical therapy, gym membership, aqua therapy, home exercise program, activity modification, and multi-level lumbar reconstruction surgery. The utilization review, dated December 3, 2013, denied the request for 1 CT scan of the lumbar spine and lumbosacral junction to include the sacroiliac joints because there was not enough evidence of nerve dysfunction.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 CT SCAN OF THE LUMBAR SPINE AND LUMBOSACRAL JUNCTION TO INCLUDE THE SACROILIAC JOINTS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, CT (computed tomography).

Decision rationale: As stated on pages 303-304 of the ACOEM Practice Guidelines referenced by California MTUS, imaging of the lumbar spine is recommended in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise, failure to respond to treatment, and consideration for surgery. In addition, Official Disability Guidelines, Low Back Chapter recommends CT scan for lumbar spine trauma with neurological deficit. The guideline recommends CT scan to evaluate successful spine fusion if plain x-rays do not confirm it. In this case, the patient has undergone anterior interbody fusion and facet screw fixation in the lower lumbar spine on April 6, 2004. A CT scan was requested to evaluate the integrity of the sacroiliac joint as well as the neural foramina, lateral recess at the lumbosacral junction and the adjacent level at L2-L3. However, there was not enough evidence of neurological deficit since the only pertinent finding was the sensory examination. Others tests such as motor testing, deep tendon reflexes, and special orthopedic tests were negative. Furthermore, there was no mention that the x-rays previously done were non-confirmatory in evaluating successful spine fusion. An x-ray of the lumbar spine, dated October 16, 2013, revealed anatomic placement of the pedicle screw rod construct, and completely healed posteriolateral arthrodesis. Moreover, there was no documentation of failed conservative treatment or any plans for surgery. The guideline criteria were not met. Therefore, the request for 1 CT scan of the lumbar spine and lumbosacral junction to include the sacroiliac joints is not medically necessary.