

Case Number:	CM13-0068339		
Date Assigned:	01/03/2014	Date of Injury:	12/12/2007
Decision Date:	05/02/2014	UR Denial Date:	12/12/2013
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 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 patient is a 50-year-old gentleman who sustained an injury to the lumbar spine in a work related accident on 12/12/07. The clinical records provided for review included a progress report on 10/16/13 that documented that the claimant had continued low back complaints. It also documented that transient relief was noted with a lumbar epidural steroid injection on 10/04/13 but pain was back to baseline. The progress report noted that the claimant continued to experience bilateral lower extremity radiculopathy with examination showing restricted range of motion, tenderness over the sciatic notch, and an antalgic gait. The claimant was diagnosed with multilevel degenerative disc disease per prior MRI with prior SI radiculopathy per recent nerve conduction studies. The documentation indicated a prior decompression with posterolateral fusion at the L4-5 and L5-S1 level in 2011. Based on the claimant's ongoing complaints of pain, a CT scan of the lumbar spine was recommended as well as continued medications including Cyclobenzaprine. The records documented that prior CT imaging from December of 2012 showing solid bone bridging at the L5-S1 level and inconsistent bone bridging at L4-5 consistent with pseudoarthrosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

A CT SCAN 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), Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter, CT.

Decision rationale: California MTUS and ACOEM Guidelines are silent. The Official Disability Guidelines support that a CT scan to the lumbar spine would be medically necessary. The claimant's prior CT imaging after the surgical fusion indicated potential pseudoarthrosis at the L4-5 level. In light of the claimant's ongoing complaints of pain and discomfort and the fact that the previous scan was performed over one year ago, the request for a CT scan at this time would be considered medically necessary to further assess the claimant's bone healing from the fusion.