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| Case Number: | CM13-0070522 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 08/23/2003 |
| Decision Date: | 01/23/2014 | UR Denial Date: | 12/11/2013 |
| Priority: | Expedited | Application Received: | 12/26/2013 |

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 Occupational Medicine and is licensed to practice in North Carolina, New York, and Pennsylvania. 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 claimant is a former machine operator with back pain, requesting an urgent CT scan of the lumbosacral spine. Per record, he had a cumulative trauma from 10/23/1988 to 10/09/2003 (some recorded dates of injury 3/4/01, 11/7/02 and 8/23/03). He had lumbar fusions, L3-4 and L4-5 in 2007, and subsequent surgical revision with excision of hardware in 2008, and another revision surgery for hemilaminotomy and excision of retained plug and foreign body from the spinal canal. Injuries associated with this case include right knee complaints, and he is s/p arthroscopic partial medial meniscectomies and repair, and total knee replacement of the right knee (9/25/12). He has spine, right knee and leg pain, and ambulates with a cane. He is s/p NCS/EMG in August 2013, which showed an L5 radiculopathy on the left. His treating surgeon requested a CT scan to determine fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

URGENT CT scan of the lumbosacral spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 297,309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Computed Tomography.

Decision rationale: Page 297 of the chapter on Low Back Complaints, from ACOEM's treatment guidelines indicates that MRI with contrast is indicated for postlaminectomy syndrome to evaluate for scarring. Page 309 states that CT or MRI is indicated when cauda equina, tumor, infection or fracture are strongly suspected and plain films radiographs are negative. ODG Guidelines for low back indicate that CT can be used to evaluate for successful fusion if plain x-ray do not confirm fusion. Neurodiagnostic testing on 8/2/13 showed EMG findings were consistent with bilateral L5 radiculopathy and reinnervation, and NCS findings consistent with Left L5 and right S1 radiculopathy. There is no indication that this patient has had plain radiographs to determine whether or not fusion took place. For that reason, the CT scan is not approved