

Case Number:	CM13-0071114		
Date Assigned:	01/08/2014	Date of Injury:	03/29/2007
Decision Date:	04/11/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/26/2013

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 53-year-old gentleman who was injured in a work related accident on 03/28/07. The orthopedic assessment by [REDACTED] on 09/17/13 documented ongoing complaints of low back pain following the lumbar fusion from the work related accident. Pain was noted to be aggravated with activity and medications only offered symptomatic temporary relief. Physical examination showed restricted lumbar motion with healed surgical incisions, tenderness to palpation and positive straight leg raising. Neurologic evaluation showed diminished sensation of the L3 through S1 dermatomal distribution. The claimant's working diagnosis was lumbar radiculopathy status post fusion. No previous imaging or radiographic reports were provided for review. There is a current request for a CT scan of the lumbar spine for further assessment given the claimant's continued complaints of pain in the postoperative setting

IMR ISSUES, DECISIONS AND RATIONALES

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

CT SCAN OF THE LUMBAR SPINE: Upheld

Claims Administrator 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)

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 procedure - CT (computed tomography)

Decision rationale: According to the California MTUS/ACOEM Guidelines, Low Back Chapter, it states "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures)." The Official Disability Guidelines (ODG), state, CT imaging can be warranted in the postoperative setting following fusion when there is evidence of equivocal findings on plain film radiograph. Records provided for review do not contain reports of recent plain film radiographs that could easily support or refute the claimant's fusion process. In absence of recent radiographic evaluation of the claimant's fusion process, the request for a CT scan cannot be supported. The request for a CT scan of the lumbar spine is not medically necessary and appropriate