

Case Number:	CM13-0071732		
Date Assigned:	01/08/2014	Date of Injury:	10/23/1985
Decision Date:	04/24/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	12/30/2013

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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 23, 1985. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; an earlier L4-S1 lumbar fusion surgery on October 4, 2012; unspecified amounts of physical therapy over the life of the claim; and extensive periods of time off of work. In a Utilization Review Report of December 23, 2013, the claims administrator denied a request for a CT scan of the lumbar spine. The decision used in outline format was quite fragmented, and quite difficult to follow. Numerous criteria, including ACOEM, ODG, and ACR were cited. Despite the fact that several of these guidelines supported CT scan of the lumbar spine for postsurgical evaluation following lumbar fusion surgery, the claims administrator nevertheless denied the request. A progress note of August 14, 2013 is notable for comments that the applicant had electrodiagnostic testing on July 26, 2013 which demonstrates right L4 through S1 radiculopathy. A lumbar MRI of June 19, 2013 demonstrates intact solid hardware at L4 through S1 with no other compressive lesions. It is stated that the applicant is still unable to work. The applicant's work status is reported somewhat incongruously. In one section of the report, it is stated that the applicant is working full duty in the office setting while the other section of the report states that the applicant has been off of work since July 1, 2009. The applicant is again placed off of work, on total temporary disability. Additional physical therapy was sought. On November 25, 2013, the applicant presented reporting persistent low back pain. A CT of the lumbar spine with reconstruction was ordered to evaluate for possible pseudoarthrosis as a source of the applicant's complaints. It is stated that the applicant's pain complaints were heightened and that some element of incomplete healing must be present if the applicant is having so much pain at this time. The applicant is placed off of work, on total temporary

disability, in the interim. X-rays of the lumbar spine of November 25, 2013 demonstrated a lumbar interbody fusion at L4-L5 and L5-S1 with associated screw fixation. Persistent mild lucency was seen about the screws around L4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine CT scan with reconstructions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines Page(s): 2m. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 303, computer tomography is the test of choice "for bony structure." In this case, the applicant has had prior plain films and MRI imaging of the lumbar spine. These do not necessarily account for the applicant's ongoing complaints of pain. The attending provider believes that there is an element of pseudoarthrosis evident. The plain films demonstrated some evidence of a bony lucency, incompletely characterized. CT scanning, as noted by ACOEM Chapter 12, page 303, is the test of choice for determining the integrity of bony structures. In this case, the attending provider has called into question the integrity of the earlier fusion, stating that the applicant's heightened pain complaints call into question a possible pseudoarthrosis. CT imaging to clearly delineate the extent of the same is indicated and appropriate. Therefore, the original Utilization Review decision is overturned. The request is certified, on Independent Medical Review.