

Case Number:	CM14-0008546		
Date Assigned:	02/12/2014	Date of Injury:	05/12/2004
Decision Date:	07/11/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/21/2014

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:

This is a 59-year-old male with a 5/12/04 date of injury. The patient is status post lumbar fusion surgery on 7/22/10. A progress report stated 12/18/13 noted the patient complained of ongoing neck and low back pain radiating to the lower extremities, 0-3/10, which increased since his last visit. Exam findings revealed restricted lumbar (L) range of motion and tenderness to the L spine with normal motor strength of the lower extremities except for 5-/5 strength of the right knee extensors. Diagnosis includes post lumbar laminectomy syndrome, cervical disc disease, lumbar degenerative disc disease cervical radiculopathy, and cervical sleep apnea. A CT of the L spine was requested to evaluate the patient's radiculopathy. The patient is noted to be working full time. He last had a CT in 2010. The 4/2/10 CT L spine: marked annular fissuring anteriorly and to the right side at L4/5 in association with annular bulge leading to mild central stenosis and foraminal narrowing, marked disc herniation malignment and vacuum phenomenon at L5/S1 with moderate bulge leading to moderate central stenosis effacing both S1 nerve roots and moderate to severe left sided foraminal barrowing with osteophytes and scoliosis. The 2/16/10 EMG showed L5 mild stable radiculopathy vs. nerve root irritation on the right. The treatment to date includes L2-S1 medial branch blocks, lumbar fusion surgery in 2010, medications, TFLESI. A UR decision dated 1/2/14 denied the request given there were no objective findings of specific nerve root compromise or neurologic deficits identified in the lower extremities.

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 WITH CONTRAST: 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 scan.

Decision rationale: California MTUS states that CT of the L spine is indicated when there are 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. ODG criteria for lumbar CT include lumbar spine trauma with neurological deficit; or traumatic or infectious myelopathy; or to evaluate a pars defect not identified on plain x-rays; or to evaluate successful fusion if plain x-rays do not confirm fusion. The patient has no new neurological findings, no new evidence of trauma, or any surgical plans for the L spine in the documentation provided. Therefore, the request for a CT of the L spine as submitted was not medically recommended.