

Case Number:	CM14-0105623		
Date Assigned:	07/30/2014	Date of Injury:	10/18/2007
Decision Date:	09/29/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/08/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 45 year old female was reportedly injured on October 18, 2007. The mechanism of injury is undisclosed. The most recent progress note, dated June 3, 2014, indicates that there are ongoing complaints of low back pain. Current medications include Norco and Celebrex. The physical examination demonstrated pain with forward flexion of the lumbar spine, tenderness over the pedicle screw screws at the site of the fusion, and normal lower extremity neurological examination. Diagnostic imaging studies revealed that the intervertebral cage and pedicle screws are an excellent position. The fusion appeared to be healing well. Treatment includes an L5 to S1 lumbar fusion. A request was made for a CT scan of the lumbar spine and was not certified in the preauthorization process on June 16, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Testing: CT Scan Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303-304, 289-290. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), CT (computed tomography).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG -TWC/ODG

Integrated Treatment/Disability Duration Guidelines; Low Back - Lumbar and Thoracic (Acute & Chronic) - Computed Tomography (updated 08/22/14).

Decision rationale: According to the Official Disability Guidelines, a CT scan of the lumbar spine is only indicated to you evaluate a successful fusion if plain films do not confirm a fusion. The most recent progress note dated June 3, 2014, indicates that the plain films indicate hardware in good position and a healing fusion. As such, this request for a CT scan of the lumbar spine is not medically necessary.