MAXIMUS Federal Services

Case Number:	CM14-0012147		
Date Assigned:	02/21/2014	Date of Injury:	05/05/2010
Decision Date:	08/06/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	01/30/2014

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:

The patient is a 37-year-old female, who has submitted a claim for lumbosacral neuritis not otherwise specified, associated with an industrial injury date of May 5, 2010. The medical records from 2013 to 2014 were reviewed. The patient complained of low back and pelvic pain accompanied by urinary incontinence. It was noted that the symptoms have become significant after her second spine surgery on March 12, 2013. The surgery performed was an anterior foraminotomy, discectomy, and corpectomy with lumbar fusion at L5-S1. Prior lumbar spine surgery done on January 10, 2011 included microscopic-assisted discectomy and lateral recess decompression at the L5-S1 level. A physical examination of the lumbar spine showed diffuse tenderness of the paraspinal muscles, especially over the low back and sacroiliac joint areas. The external genitalia and pelvic examination showed a moderate degree of anterior vaginal wall prolapse with associated hypermobility of the bladder neck; mild posterior vaginal wall prolapse; and tenderness at the base of the bladder. The diagnoses were sacroilitis, lumbosacral spondylosis without myelopathy, dysuria, and urinary incontinence. The treatment plan includes a request for a computerized tomography (CT) scan of the lumbar spine without contrast to assess for adequate interbody fusion. The treatment to date has included oral analgesics, lumbar spine surgeries, physical therapy and sacroiliac (SI) steroid injection. The utilization review from January 23, 2014 denied the request for a CT scan of the lumbar spine without contrast, because there were no interval radiographs of the lumbar spine assessing the graft status with concerns regarding possible non-union.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) computerized tomography (CT) scan of the lumbar spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-305. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Version, Low Back Chapter, CT.

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 (computed tomography).

Decision rationale: The MTUS/ACOEM Guidelines indicate that 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. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The Official Disability Guidelines indicate that a computerized tomography (CT) scan is indicated to evaluate successful fusion if plain x-rays do not confirm fusion. In this case, lumbar CT scan was requested to assess for adequate interbody fusion. However, plain radiograph of the lumbar spine was not obtained. The guidelines only recommend a CT scan for the assessment of fusion, when plain radiographs are non-confirmatory. The medical necessity has not been established. Therefore, the request is not medically necessary.