

Case Number:	CM14-0015075		
Date Assigned:	02/28/2014	Date of Injury:	03/24/2011
Decision Date:	06/27/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/06/2014

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, has a subspecialty in Interventional Spine, 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 60 year-old male with a 3/24/11 date of injury. He injured his back while loading his truck to make deliveries. He developed pain down the legs and weakness in the calves. Flexion/extension x-rays showed unstable grade 1 spondylolisthesis of L4 on L5. Subsequent MRI showed bilateral foraminal stenosis at L5/S1, and central canal stenosis at L4/5. ESIs only helped for a couple days. He eventually underwent AP fusion at L4/5 and L5/S1 on 2/8/13. The patient notice new onset back pain 5-days after the surgery and CT showed prominence of the left S1 screw, which was removed on 2/14/13. By 4/17/13 he was much improved, was not taking pain medications, and was walking better. On 8/14/13 he was doing better, but had some residual weakness in the left foot. PT may have helped, but he never went to any of his sessions. According to the 1/15/14 orthopedic report from [REDACTED], the patient presents with with same low back and left leg pain that is hinderinng his ability to do ADLs. The PT authorization was extended, but he never finished his sessions and so they expired again. The patient states his pain continues to worsen and he had difficulty walking and now had bilateral knee pain while walking. He is not currently working. [REDACTED] lists the impression as: almost 12 months s/p L4 to S1 anterior interbody fusion with instrumentation and L4 to S1 posterior fusion; residual low back pai and left leg pain increasing in severity; patient not having done much conservative treatment; no worsening neurologic weakness. [REDACTED] states he is not sure why the patient is having worsening neurologic weakness or why the pain has not improved, he believes he may be missing something and requested a 2nd opinion with another spinal surgeon and a knee specialist. On 1/21/14 UR denied a CT scan of the lumbar spine between 1/16/14 and 3/2/14.

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 BETWEEN 1/16/2014 AND 3/2/2014: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The patient presents with increasing lower back pain and weakness in the lower extremities about 12 months post L4-S1 global fusion on 2/8/13, for an unstable grade 1 spondylolisthesis. There was a complication with the hardware, one of the S1 screws was prominent and had to be removed on 2/14/13. The patient improved significantly by April 2013, he was walking better and was not taking pain medications. By August 2013 he was complaining of increasing back pain and weakness in the legs. On 1/15/14 the surgeon felt he may have missed something, but could not find a reason for the worsening pain and weakness. He recommended a 2nd opinion, and apparently requested a CT scan. I have been asked to review for the CT scan. The patient has prior lumbar fusion with hardware, and reports worsening pain and worsening weakness down the legs. The CT scan appears appropriate to assess the fusion and the hardware would distort an MRI. The request appears to be in accordance with MTUS/ACOEM guidelines. Recommendation is for authorization. The request is medically necessary and appropriate.