

Case Number:	CM14-0110472		
Date Assigned:	08/01/2014	Date of Injury:	08/22/2006
Decision Date:	09/09/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/15/2014

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 52-year-old individual was reportedly injured on August 22, 2006. The mechanism of injury was not disclosed. The record indicated a diagnosis of a herniated disc of the lumbar spine. The claimant has undergone a three-level spine fusion and has been treated with physical therapy, pharmacotherapy, and exercises. An AME from November 25, 2013 indicated that the claimant was status post three-level spine fusion. A notation was made in this review that the CT study of the lumbar spine, dated May 23, 2013, revealed the following: "Surgical changes consisting of fusion and hardware fixation from L3 to the sacrum. There was no evidence of hardware failure or loosening. Posterior lateral fusion was found bilaterally and felt to be solidly healed. Interbody fusion material was noted at L4 and L5, although solid union was not confirmed." Noted under "Further Treatment", a notation was made that "his fusion appears solidly healed. Details of these findings were confirmed upon review of the actual CT results. The most recent progress note, dated May 28, 2014, indicated that the claimant was experiencing numbness, tingling, and weakness in the bilateral feet with pain in the lower pole of the incision and at the bilateral SI joints. The pain was aggravated with bending, twisting, and direct pressure. On physical examination, decreased range of motion, secondary to pain, was reported. Fabere test was positive. Patrick's test was positive. Sensation was diminished over the bilateral L5 dermatomes. A CT scan of the lumbar spine was recommended to follow up on the degree of fusion. The only conventional x-ray reports that were found in the records provided are from 2012. A previous review of this request was noncertified in the preauthorization process on June 27, 2014.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Complaints.

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: MTUS/ACOEM practice guidelines do not address lumbar spine CT scans. Therefore, ODG guidelines are used. ODG supports the use of a CT for certain conditions, including evaluation of successful fusion if plain x-rays do not confirm fusion. Otherwise, repeat CT is not routinely recommended. Review, of the available medical records, fail to document that any recent conventional radiographs have been obtained. Therefore, it cannot be determined that plain x-rays have not confirmed fusion. While there may be a clinical indication for CT scan to evaluate for fusion in this individual, the medical record does not support the need for a CT if plain films have not yet been obtained. As such, a CT scan is not considered medically necessary.