

Case Number:	CM14-0117969		
Date Assigned:	08/06/2014	Date of Injury:	01/22/1997
Decision Date:	09/10/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/28/2014

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:

According to the records made available for review, this is a 48-year-old male with a 1/22/1997 date of injury, and multiple lumbar spine surgeries. At the time (7/17/14) of request for authorization for 1 CT scan of the lumbar spine without contrast, there is documentation of subjective (low back pain and left leg pain) and objective (lower back paravertebral tenderness, severe tenderness over L4-5 and L5-S1 facet joints, negative straight leg raise bilaterally, normal motor and sensory examination, reflexes symmetrical throughout the lower extremities) findings, current diagnoses (spondylosis of unspecified side without mention of myelopathy, lumbar/facet arthritis, lumbar radicular pain, and lumbar post laminectomy syndrome), and treatment to date (spinal cord stimulator, radiofrequency ablation, and medications). There is no documentation of negative plain film radiographs, objective findings that identify specific nerve compromise on the neurologic examination, and that the patient is considered for surgery.

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 without 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, table 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, CT (computed tomography).

Decision rationale: MTUS reference to ACOEM Guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery, as criteria necessary to support the medical necessity of a CT. ODG identifies documentation of lumbar spine trauma (with neurological deficit, or seat belt (chance) fracture); myelopathy (neurological deficit related to the spinal cord) traumatic or infectious disease patient); to evaluate pars defect not identified on plain x-rays; and to evaluate successful fusion if plain x-rays do not confirm fusion, as criteria necessary to support the medical necessity of CT scan of the lumbar spine. Within the medical information available for review, there is documentation of diagnoses of spondylosis of unspecified side without mention of myelopathy, lumbar/facet arthritis, lumbar radicular pain, and lumbar postlaminectomy syndrome. In addition, there is documentation of failure of conservative treatment. However, there is no documentation of negative plain film radiographs, objective findings that identify specific nerve compromise on the neurologic examination, and that the patient is considered for surgery. Therefore, based on guidelines and a review of the evidence, the request for 1 CT scan of the lumbar spine without contrast is not medically necessary.