

Case Number:	CM14-0125495		
Date Assigned:	08/11/2014	Date of Injury:	06/19/2002
Decision Date:	09/18/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/07/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 injured worker is a 50-year-old male who reported an injury on 06/19/2002. The mechanism of injury involved a fall. The current diagnosis is lumbar spondylolisthesis with herniated nucleus pulposus. The injured worker was evaluated on 07/16/2014. Previous conservative treatment includes aquatic therapy and physical therapy. It is also noted that the injured worker underwent revision of the bilateral lumbar laminotomy at L3 through L5 with exploration of fusion and removal of loosened hardware on 01/22/2014. The physical examination revealed limited lumbar range of motion, tenderness at the lumbosacral junction, a well-healed lumbar mid-line incision, no gross motor deficits, and increasing pain with extension. X-rays obtained in the office on that date indicated consolidation arthrodesis that appeared, solid from L2-5 without evidence of hardware loosening. The treatment recommendations at that time included 12 additional physical therapy sessions and a CT scan of the lumbar spine. A Request for Authorization form was then submitted on 07/24/2014 for a CT scan of the lumbar spine and 12 additional physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT (Computed Tomography) scan of lumbar spine, without the use of contrast material, QTY: 1: 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): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, CT (computed tomography).

Decision rationale: The California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test. The Official Disability Guidelines state indications for CT scan include thoracic or lumbar spine trauma with neurological deficit, myelopathy, to evaluate pars defect unidentified on plain x-rays, and to evaluate successful fusion if plain x-rays do not confirm a fusion. The injured worker does not appear to meet criteria as outlined by the above-mentioned guidelines. The injured worker underwent AP and lateral lumbar spine x-rays on 07/16/2014, which indicated a consolidating arthrodesis that appeared solid from L2-5 without hardware loosening. The medical necessity for a CT scan has not been established. As such, the request is not medically necessary.

Physical therapy, QTY: 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. There is no documentation of significant functional improvement following the initial course of physical therapy that would warrant the need for additional treatment. There was also no specific body part listed in the current request. As such, the request is not medically necessary.