

Case Number:	CM14-0126219		
Date Assigned:	08/13/2014	Date of Injury:	07/22/2011
Decision Date:	11/17/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	08/08/2014

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 & Rehabilitation 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 54 year old male who was injured on 07/22/2011. The mechanism of injury is unknown. Prior treatment history has included physical therapy, Tylenol #4; metformin, and benzapril HCL. Progress report dated 06/23/2014 states the patient is 18 months status post lumbar fusion. He stated the surgery helped improve his pain greater than 50%. Objective findings on exam revealed the patient ambulates with a cane. He is diagnosed status post L4-L5 and L5-S1 fusion on 12/06/2012 and diabetes. He is recommended for a CT scan to evaluate lumbar fusion that was done. Prior utilization review dated 07/09/2014 states the request for CT Scan of the lumbar spine 1mm curls w/3rd recon is denied as it is not recommended for acute, sub-acute and chronic low back pain. There is a lack of documented evidence to support the request.

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 1mm curls w/3rd recon: Upheld

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

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, CT

Decision rationale: Per CA MTUS/ACOEM guidelines, CT is equivalent to MRI for many typical imaging purposes involving the spine. However, it is less frequently utilized primarily due to the greater resolution of soft tissues on MRI. Per ODG, Indications for CT of the lumbar spine include: lumbar spine trauma with neurological deficits or Chance fracture; myelopathy due to trauma or infection; evaluating pars defect not identified on X-ray; evaluating successful fusion if not shown on X-ray. In this case, the IW has had successful lumbar fusion; however, there is no documentation of an inconclusive X-ray result not showing the fusion. Therefore, the request is not medically necessary.