

Case Number:	CM14-0136018		
Date Assigned:	09/18/2014	Date of Injury:	11/05/2011
Decision Date:	10/22/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/22/2014

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:

The patient is a 49-year-old male who has submitted a claim for lumbosacral neuritis and status post L4-5 and L5-S1 fusion (02/2012) associated with an industrial injury date of 10/05/2011. Medical records from 04/14/2014 to 05/27/2014 were reviewed and showed that patient complained of low back pain (pain scale grade not specified) radiating down the right leg. There was no history of recent trauma, myelopathy, or ongoing infection. Physical examination revealed surgical scars of the lumbar spine, tenderness over lumbar paraspinals and spinous processes, decreased range of motion (ROM), decreased sensation over lateral aspect of right calf and third and fourth digits of right foot, intact MMT of lower extremities, and hyporeflexia of the right Achilles tendon. Electromyogram (EMG) and Nerve Conduction Studies of lower extremities dated 04/14/2014 was unremarkable. MRI of the lumbar spine dated 10/25/2012 revealed postoperative changes at L4-5 and L5-S1 and L2-3 and L3-4 disc bulges with no evidence of neural compromise. CT scan of the lumbar spine dated 10/18/2013 revealed postoperative changes and fusion at L4-5 and L5-S1 and no evidence of neural compromise. Treatment to date has included L4-5 and L5-S1 fusion (02/2012), 3 months of postoperative physical therapy; chiropractic cares, 6 sessions of intense neurostimulation therapy, and pain medications. There was no documentation of functional outcome from aforementioned treatments. Utilization review dated 08/13/2014 denied the request for A CT scan of the lumbar spine because there was no rationale for review to indicate the necessity for repeat CT scan of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

A CT scan of the lumbar spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, CT (computed tomography)

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines, Low Back Chapter, CT (computed tomography) was used instead. The guideline recommends computed tomography scan only for the following indications: Thoracic spine trauma: equivocal or positive plain films, no neurological deficit; Thoracic spine trauma: with neurological deficit; Myelopathy (neurological deficit related to the spinal cord), traumatic; Myelopathy, infectious disease patient; Evaluate pars defect not identified on plain x-rays; Evaluate successful fusion if plain x-rays do not confirm fusion. In this case, the patient complained of low back pain radiating down the right leg. Physical findings include decreased sensation over lateral aspect of right calf and third and fourth digits of right foot, intact MMT of lower extremities, and hyporeflexia of the right Achilles tendon. However, patient's clinical manifestations were inconsistent with focal neurologic deficit to support CT scan. Moreover, there was no history of recent trauma, myelopathy, or ongoing infection to warrant CT scan study as well. There is no clear indication for CT scan at this time. Of note, a previous CT scan was already done on 10/18/2013 with findings of postoperative changes and fusion at L4-5 and L5-S1 and no evidence of neural compromise. It is unclear as to why a repeat CT scan is needed. Therefore, the request for A CT scan of the lumbar spine is not medically necessary.