

Case Number:	CM14-0156404		
Date Assigned:	09/25/2014	Date of Injury:	02/01/2007
Decision Date:	10/29/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/23/2014

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 Family Medicine, and is licensed to practice in Arizona. 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:

Patient is a 51 year old male with a date of injury on 2/1/2007. Patient is status lumbar spine surgery on 11/9/2010, and L3-S1 posterolateral fusion on 12/20/2013. Subjective findings show that patient followed up on his CT scan 6/24/2014 which showed successful fusion from L2-S1. On 8/20/14 exam the patient was still having back pain and radiculopathy, with urinary incontinence and ejaculation issues. Physical exam shows intact strength and sensation. Recommendations are for continued physical therapy, TENS unit, urinary consultation, and CT and MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT for the lumbar spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 289-290, 303-304, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back-lumbar & Thoracic. Chapter Computed Tomography (CT)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, CT Scan

Decision rationale: ACOEM guidelines recommend that imaging of the low back should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. The ODG recommends CT scans to evaluate successful fusion if plain x-rays do not confirm fusion. For this patient, x-rays were performed postoperatively, and lumbar CT scan from 6/24/2014 showed successful fusion. While patient appears to have worsening urinary incontinence, the current plan is to proceed to urologist and also have an MRI. With that plan in place, there is not an apparent indication for an additional CT scan. Therefore, the medical necessity for a lumbar CT scan is not established at this time.