

Case Number:	CM14-0174531		
Date Assigned:	10/27/2014	Date of Injury:	04/26/2013
Decision Date:	12/04/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/21/2014

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 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:

This is a 62-year-old male with a 4/26/13 date of injury. The mechanism of injury occurred when he fell off a ladder and injured his lower back. According to a progress report dated 9/26/14, the patient complained of low back pain with balance problems and lower extremity weakness. He was doing better in terms of his pain but still had a feeling of tightness in his back. He had no feelings in his ankles and had subjective weakness. Objective findings: decreased sensation in lower extremities, back and front of his legs and feet. MRI showed previous pedicle fixation, no signs of fluid collection or infection, and adequate decompression. There is some moderate stenosis at L2-3 above his fusion. Diagnostic impression: status post laminectomy and fusion complicated by infection. Treatment to date: medication management, activity modification, surgery. A UR decision dated 10/6/14 denied the request for CT scan of the lumbar spine. Neurological progression was not documented to justify another imaging study for the lumbar spine. The 9/26/14 report did not contain any examination findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: CT scan of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, CT (computed tomography)

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

Decision rationale: CA MTUS does not specifically address lumbar CT. ODG criteria for lumbar CT include lumbar spine trauma with neurological deficit; or traumatic or infectious myelopathy; or to evaluate a pars defect not identified on plain x-rays; or to evaluate successful fusion if plain x-rays do not confirm fusion. However, in the present case, there is no documentation that the criteria for CT imaging have been met. The patient had a previous MRI which showed pedicle fixation, no signs of fluid collection or infection, and adequate decompression. It is not clear that there is a specific finding on current neurological examination to suggest an indication for further invasive treatment and it is not clear that the requested diagnostic study is likely to change the patient's treatment plan beyond the diagnostic studies which have already been performed. Therefore, the request for Associated Surgical Service: CT scan of the lumbar spine was not medically necessary.