

Case Number:	CM14-0174879		
Date Assigned:	10/28/2014	Date of Injury:	12/03/2008
Decision Date:	12/04/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/23/2014

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 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:

This 51 year-old patient sustained an injury on 12/3/08 while employed by [REDACTED]. Request(s) under consideration include CT scan of lumbar spine. Diagnoses include lumbar radiculopathy s/p bilateral lumbar L5 laminectomy syndrome and L5-S1 fusion on 6/4/09. Report of 6/10/14 from the provider noted ongoing chronic low back pain radiating down both legs rated at 8/10 associated with numbness and tingling; upset medications are not approved. Medications list Pristiq, Trazodone, Viagra, Ultram, Neurontin, and Ibuprofen. The patient had two previous CT scans of the lumbar spine on 8/26/10 and 12/9/10 with findings of L5 spondylosis and grade 1 L5-S1 spondylolisthesis s/p fusion at L5-S1 with DDD, facet arthropathy; and L4-5 disc bulge. QME report of 6/1/11 declared patient at MMI with P&S rating. X-rays of 4/29/11 showed spondylolisthesis without evidence for instability. UDS dated 5/18/11 showed inconsistent findings of Hydrocodone/ Hydromorphone and Gabapentin without change in treatment regimen. Exam showed tenderness, spasm of lumbar spine and tenderness over posterior iliac spine on left; limited range; 3-4/5 motor strength and decreased sensation over anterior thigh and bilateral L4-5 dermatomes. Reports of 7/8/14 and 9/9/14 from the provider were essentially identical and unchanged from prior, noting the patient with chronic unchanged low back pain radiating down legs. Exam showed unchanged findings of antalgic gait; unable to heel toe walk; restricted lumbar ROM; with muscle tenderness and spasm; tenderness over posterior iliac spine on left; positive left SLR; decreased sensation over anterior right thigh and bilateral L4-5 dermatomes with diffuse 3-4/5 motor weakness. The request(s) for CT scan of lumbar spine was non-certified on 10/14/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Scan of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

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

Decision rationale: Per ACOEM Treatment Guidelines for the Lower Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for repeating the CT Scan of the Lumbar spine nor document any specific change in clinical findings to support this imaging study as the patient has unchanged ongoing chronic complaints, clinical neurological deficits post lumbar fusion surgery for this injury of 2008 without report of flare-up, new injuries, progressive change or failed conservative treatment. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The CT scan of lumbar spine is not medically necessary and appropriate.