

Case Number:	CM14-0178230		
Date Assigned:	10/31/2014	Date of Injury:	06/08/2011
Decision Date:	12/15/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/27/2014

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, has a subspecialty in Interventional Spine 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 40 year old with an injury date on 6/8/11. Patient complains of persistent low lumbar pain rated 7-8/10, and ongoing left leg pain, with stabbing left foot pain rated 6-7/10 per 9/24/14 report. Based on the 9/24/14 progress report provided by [REDACTED], the diagnoses are: 1. s/p left L4-5 laminectomy and discectomy on 10/5/11 with HNP, L4-5, L5-S12. s/p lumbar spine fusion surgery 1/19/133. lumbar hardware disconnection4. s/p hardware disconnection with rod replacement and right L4 screw replacement, stimulation of screw neurodiagnostic monitoring, 3/2/135. s/p spinal two-level instrumentation decompression and arthrodesis with likely pseudoarthrosisExam on 9/24/14 showed "L-spine range of motion reduced. Difficulty with straight leg raise maneuver bilaterally. Neurological signs decreased at bilateral L5 and S1." Patient's treatment history includes "stim," no oral medications, home exercise program (walking/stretching). [REDACTED] is requesting CT (computed tomography) scan of the lumbar spine. The utilization review determination being challenged is dated 10/7/14. [REDACTED] is the requesting provider, and he provided treatment reports from 7/30/14 to 10/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT (computed tomography) scan of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: This patient presents with lower back pain, and left leg/foot pain. The treater has asked for CT (COMPUTED TOMOGRAPHY) SCAN of the lumbar spine on 9/24/14 "to asses fusion status and neuroforaminal opening as well as the junctional level." Patient had a CT of lumbar on 11/21/13 which showed hardware intact without fracture or loosening. No vertebral body bony fusion. Posterior segmental vertgebral cortical bridging ossification is demonstrated. Suspected segmental contiguous psosterior elements bony fusion" per utilization review letter dated 10/7/14. Regarding CT scans for the lumbar, ACOEM recommends when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. In this case, the treater is requested lumbar CT to assess patient's fusion status, and to tell whether or not there is arthrodesis. However, the patient had a lumbar CT less than a year ago. The treater does not explain the necessity to have a new lumbar CT done. The requested CT (computed tomography) scan of the lumbar spine is notmedically necessary in this case. The request is not medically necessary.