MAXIMUS Federal Services

Case Number:	CM14-0182973		
Date Assigned:	11/10/2014	Date of Injury:	01/04/2012
Decision Date:	12/26/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/04/2014

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 Pain Management, 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 43-year-old female with a date of injury of 01/04/2012. The listed diagnoses are: 1. Status post microdiskectomy with large, wide decompression and possible instability of L5-S1, recurrent herniated nucleus pulposus at L5-S1 of 8-mm and at L4-L5 of 4 mm. 2. Anxiety and depression.3. Insomnia.4. Sexual dysfunction.5. Percocet/hydrocodone dependence.6. Status post microdiskectomy at L5-S1 on 03/27/2014.7. Status post L4-S1 microdiskectomy and decompression on 03/27/2014. According to progress report 10/07/2014, the patient presents with severe low back and right leg pain with weakness. The patient has had low back surgery on March of 2014 which "helped a little bit with the pain in her back but not in her leg." Examination revealed the patient ambulates with a cane with heavy pressure on her right hand. There is positive straight leg raise test in sitting and lying position. Treater states the patient needs a new CAT scan of the lumbar spine to see if there is any residual impingement. Utilization review denied the request on 10/23/2014. Treatment reports from 07/15/2014 through 10/07/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, MRI

Decision rationale: This patient is status post low back surgery from March 2014 for microdiscectomy with continued low back pain and right leg pain weakness. The treater is requesting a post-op CT scan to "see if there is any residual impingement." Review of the medical file indicates the patient underwent MRI of the lumbar spine on 12/27/2013 and the treater performed x-ray of the lumbar spine on 10/07/2014 which showed "impingement of the facets on the right side at L5-S1." ACOEM Guidelines page 309 states under CT, recommendation is made when cauda equina, tumor, infection, or fracture is strongly suspected and plain film radiographs are negative. ODG Guidelines under the low back section states that CT scans are not recommended, except for trauma with neurological deficits. CT scans are indicated when tumor, infection, or fracture are strongly suspected. In this case, a post-operative imaging appears reasonable but it is not known why the treater is asking for a CT rather than an MRI with contrast. ODG states that MRI has largely replaced CT scan unless it is for evaluation of fusion, fracture, hardware, etc. Recommendation is for denial.