

Case Number:	CM14-0039643		
Date Assigned:	06/27/2014	Date of Injury:	03/10/2009
Decision Date:	08/19/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/04/2014

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 Family Practice and is licensed to practice in North Carolina. 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 claimant had an original date of injury of 3/10/2009. He had lumbar laminectomy and has been treated with medications, physical therapy and chiropractic therapy for post laminectomy syndrome. He developed increasing pain and numbness in both feet and legs and his primary treating physician ordered a CT of lumbar spine with contrast on 1/27/2014. The findings on this study prompted a referral for consultation with a spine surgeon. The spine surgeon assessed the claimant and reviewed the CT from 1/27/2014. He found technical deficiencies in the study that limited his ability to assess the size of the spinal canal and the L2-3 disc which he believes are clinically likely causes of the new symptoms. He requested a repeat CT scan of lumbar spine with contrast to adequately assess the anatomy and plan for any needed surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 CT Scan of the Lumbar Spine with contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) -Low Back CT.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, CT.

Decision rationale: ACOEM and ODG guidelines recommend CT with contrast as an appropriate imaging method on the post-surgical patient with new neurologic findings for which future surgical intervention may be indicated. In this case a CT was approved and performed on 1/27/2014 and the claimant then was referred to a spine surgeon. The CT from 1/27/2014 had technical deficiencies which rendered it an incomplete exam for the purposes of pre-operative planning. As such, a repeat CT study with attention to the identified areas of concern was requested. This request for CT lumbar spine with contrast is medically necessary and the original UR decision is overturned.