

Case Number:	CM14-0043886		
Date Assigned:	06/20/2014	Date of Injury:	03/28/2012
Decision Date:	07/22/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/17/2014

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 and Rehabilitation and Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 45 year old male who sustained an injury to his low back on 03/28/12 while lifting a three level scaffold at work. Plain radiographs of the lumbar spine dated 08/19/13 revealed satisfactory positioning of metallic hardware transfixing the L4-5-S1 vertebral bodies posteriorly. Interim orthopedic examination dated 08/19/13 reported that removal of hardware from the posterolateral gutter at L4-5 and L5-S1 with exploration of fusion mass and L4 through S1 with augmentation as required using cancellous allograft and decellularized dermis matrix (DDM) was recommended. Operative note dated 10/21/13 reported that the patient underwent removal of painful hardware from the lumbar spine from L4 through S1. Notification of non-certification letter dated 03/05/14 reported that the previous request for computed tomography (CT) scan of the lumbar spine with 3D construction was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computed Tomography (CT) Scan Lumbar spine with 3D Reconstruction: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, CT (computed tomography).

Decision rationale: The request for computed tomography (CT) scan of the lumbar spine with 3D construction is not medically necessary. The basis for denial of the previous request was not provided in the records submitted for review. There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention was anticipated. There was no indication of decreased motor strength, increased reflex or sensory deficits. There were no focal neurological deficits. There were no additional significant 'red flags' identified. Given this, the request for CT scan of the lumbar spine with 3D construction is not indicated as medically necessary.