

Case Number:	CM14-0043901		
Date Assigned:	07/02/2014	Date of Injury:	09/04/2009
Decision Date:	09/30/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/10/2014

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 Internal Medicine, 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 injured worker is a 64 year old male who reported an injury on 09/04/2009; the mechanism of injury was not provided. Diagnoses included psychalgia, displacement of lumbar intervertebral disc without myelopathy, lumbar post-laminectomy syndrome, and degeneration of intervertebral disc. Past treatments included a functional restoration program, exercise and medication. Past diagnostics included a urine drug screen, 05/02/2014, with results consistent with the injured worker's medications. Past surgical history included a spinal fusion in 2012. The clinical note dated 05/02/2014 indicated the injured worker complained of pain rated 6/10 to the low back radiating to bilateral lower extremities. He also reported numbness, tingling, and cramping to the bilateral lower extremities. Physical exam revealed an antalgic gait. Medications included Lidoderm 5% patch, Suboxone 2 mg, and Voltaren 1% gel. The treatment plan included a CT scan of the lumbar spine to rule out an incomplete fusion at L5-S1. The request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan, Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, CT (computed tomography).

Decision rationale: The request for CT scan of the lumbar spine is not medically necessary. The California MTUS/ACOEM Guidelines indicate that MRI and CT both have the ability to identify low back pathology related to post-laminectomy syndrome. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause. The Official Disability Guidelines further state that indications for CT of the lumbar spine include trauma with neurological deficit, traumatic myelopathy, and to evaluate successful fusion if plain x-rays do not confirm fusion. The injured worker underwent spinal fusion at the L5-S1 level in 2012, and the clinical documentation indicates the physician felt the fusion was possibly incomplete. The injured worker did report pain and neurological deficits in the L5-S1 distribution; however, the guidelines indicate that CT of the lumbar spine to evaluate a successful fusion is recommended only after plain x-rays do not confirm the fusion. There is no documentation to indicate the injured worker had an x-ray of the lumbar spine. There is a lack of physical examination findings which would indicate the injured worker has an incomplete fusion. Therefore, CT of the lumbar spine is not medically necessary.