MAXIMUS Federal Services

Case Number:	CM14-0056978		
Date Assigned:	07/09/2014	Date of Injury:	10/15/1999
Decision Date:	09/05/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/28/2014

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 Occupational 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:

This is a 66-year-old male with a 10/15/99 date of injury. The mechanism of injury was not provided. According to a 3/7/14 progress note, the patient complained of bilateral low back pain that radiated over both extremities and both buttocks. He rated the pain at 7/10. Diagnostic impression: lumbar post-laminectomy syndrome, chronic pain syndrome, opioid dependence, lumbosacral spondylosis without myelopathy. Objective findings: lumbar spine abnormal reversal lumbar lordosis, tenderness to palpation over SI joints on both sides, normal lumbar spine ROM, moderate limitations with extension and facet loading secondary to pain, increased low back pain in supine position that is worsened with hip and knee extension compared to knee and hip flexion. Diagnostic impression: postlaminectomy syndrome, lumbar region; chronic pain syndrome; opioid type dependence; lumbosacral spondylosis without myelopathy. Treatment to date: medication management, activity modification.A UR decision dated 4/2/14 denied the request for Lumbar CT. The patient complained of persistent and chronic low back pain with bilateral lower extremity pain. However, the clinical documentation submitted for review does not indicate a change in the patient's symptoms. It is unclear from the documentation when the patient's previous imaging studies took place. Also, given the date of the injury, no objective clinical documentation was submitted for review indicating the patient's failure of post-surgical conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Scan without contrast for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304,Chronic Pain Treatment Guidelines 9792.23.5 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter-CT.

Decision rationale: ODG criteria for lumbar CT include lumbar spine trauma with neurological deficit; or traumatic or infectious myelopathy; or to evaluate a pars defect not identified on plain x-rays; or to evaluate successful fusion if plain x-rays do not confirm fusion. It is documented that the request for CT scan was made for the patient to be evaluated for spinal instrumentation dislodgement as the possible etiology for the patient's persistent pain. A CT scan would be indicated if there was documentation of failure of fusion. However, there is no documentation that the patient has had any significant worsening of symptoms that would be consistent with failure of fusion. Therefore, the request for CT Scan without contrast for the lumbar spine was not medically necessary.