

Case Number:	CM14-0072942		
Date Assigned:	07/16/2014	Date of Injury:	11/13/2012
Decision Date:	09/09/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/20/2014

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 is licensed to practice in Nevada. 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 57 year-old female who was reportedly injured on 11/13/2012. The mechanism of injury is noted as a low back injury. The claimant underwent a laminectomy/discectomy at L4/5 on 9/26/2013. The most recent progress note dated 4/4/2014, indicates that there are ongoing complaints of low back pain. Physical examination demonstrated tenderness in the L4/5 and L5/S1 facet; 5/5 motor strength in lower extremities; hyperesthesia to pinprick/vibration in the great toes bilaterally. Magnetic resonance image of the lumbar spine revealed disk height collapse and foraminal encroachment at L4/5 and a significant foraminal stenosis at L5/S1. Plain radiographs of the lumbar spine with bending films revealed a grade 1 spondylolisthesis at L4/5 with severe disk height collapse. Diagnosis: lumbar spinal stenosis and spondylolisthesis. Previous treatment includes lumbar spine surgery, epidural steroid injection, physical therapy and medications. A request was made for computed tomography lumbar spine without dye and was not certified in the utilization review on 5/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT lumbar spine w/o dye: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Lumbar spine trauma.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: Official Disability Guidelines supports the use of a computed tomography (CT) for certain conditions to include spinal trauma, tumor, infection, fracture or new neurological deficit, as well as for the evaluation of a pars defect not identified on plain radiographs or the evaluate successful fusion if plain radiographs inconclusive. Repeat CT is not routinely recommended. A lumbar instrumentation/fusion at L4/5 and L5/S1 has been recommended and certified; however, there is no reason given why a CT scan of the lumbar spine has been requested. As such, the CT is not considered medically necessary.