

Case Number:	CM14-0088640		
Date Assigned:	07/23/2014	Date of Injury:	06/14/1993
Decision Date:	10/16/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/12/2014

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 Alabama and Maryland. 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:

Patient is a 66-year-old male with undocumented date and mechanism of injury. Diagnosed with low back pain, status-post anterior and posterior lumbar fusion. Patient was doing well for the first 3 months after surgery but have been having moderate to severe pain for the past few months. He states that he has bilateral radiating pain down his legs. On exam, he has weak plantar and dorsiflexion. There was a CT scan of his lumbar spine requested for possible signs for non-union and a CT would determine if the fusion was healed or not and therefore this request is being questioned here.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Scan of Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296-297. Decision based on Non-MTUS Citation ODG

Decision rationale: The California MTUS/ACOEM/ODG guidelines on special studies and diagnostic and treatment options for low back pain state that unequivocal objective findings that identify specific nerve compromise on the neurological exam are sufficient evidence to warrant

imaging in patients who do not respond to treatment and who would consider surgery as an option. When the neurological examination is less clear, as in this case, further evidence of nerve dysfunction should be obtained before ordering an imaging study to prevent false positive findings and further unnecessary work up. There is lack of sufficient evidence of neurological compromise. There is also no clinical documentation of conservative management since the start of the patient's symptoms in the past few months. Therefore, as per the guidelines and the available medical records, the request for a CT scan of the spine is not medically necessary at this time.