

Case Number:	CM14-0190893		
Date Assigned:	11/24/2014	Date of Injury:	05/31/2006
Decision Date:	01/09/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/17/2014

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 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 62 year-old patient sustained an injury on 5/31/06. Request(s) under consideration include CT of the Lumbar Spine per 10/20/14 form QTY: 1.00 and X-Ray 3 views bilateral hips per 10/20/14 form QTY: 1.00. Diagnoses include right lower limb mononeuritis; lumbar intervertebral disc degeneration post-laminectomy syndrome; and insomnia. There is past medical history of Diabetes, hypertension, high cholesterol, and pancreatitis. Conservative care has included medications, therapy, home exercise program, and modified activities/rest. Medications list Miralax, Pamelor, Gabapentin, Lyrica, Tizanidine, Ambien, Colace, Norco, and Dilaudid. Report of 10/17/14 from the provider noted the patient with chronic ongoing symptoms complaints of bilateral low back pain rated at 7/10 radiating to right L4-S1 distribution associated with weakness and numbness/tingling in right leg. Exam showed mild distress; antalgic gait; no trigger points or spasm upon palpation; tenderness over paraspinal muscles, right hip and along facet joints and SI joints. The patient was participating in gym/aquatic treatment due to obesity. The request(s) for CT of the Lumbar Spine per 10/20/14 form QTY: 1.00 was non-certified and X-Ray 3 views bilateral hips per 10/20/14 form QTY: 1.00 was approved on 10/27/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT of the Lumbar Spine per 10/2014 form QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, CT (computed tomography)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: This 62 year-old patient sustained an injury on 5/31/06. Request(s) under consideration include CT of the Lumbar Spine per 10/20/14 form QTY: 1.00 and X-Ray 3 views bilateral hips per 10/20/14 form QTY: 1.00. Diagnoses include right lower limb mononeuritis; lumbar intervertebral disc degeneration post-laminectomy syndrome; and insomnia. There is past medical history of Diabetes, hypertension, high cholesterol, and pancreatitis. Conservative care has included medications, therapy, home exercise program, and modified activities/rest. Medications list Miralax, Pamelor, Gabapentin, Lyrica, Tizanidine, Ambien, Colace, Norco, and Dilaudid. Report of 10/17/14 from the provider noted the patient with chronic ongoing symptoms complaints of bilateral low back pain rated at 7/10 radiating to right L4-S1 distribution associated with weakness and numbness/tingling in right leg. Exam showed mild distress; antalgic gait; no trigger points or spasm upon palpation; tenderness over paraspinal muscles, right hip and along facet joints and SI joints. The patient was participating in gym/aquatic treatment due to obesity. The request(s) for CT of the Lumbar Spine per 10/20/14 form QTY: 1.00 was non-certified and X-Ray 3 views bilateral hips per 10/20/14 form QTY: 1.00 was approved on 10/27/14. Per ACOEM Treatment Guidelines for the Lower Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies such as the requested MR (EG, Proton) spinal canal and contents, Lumbar without contrast, include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the CT Scan of the Lumbar spine nor document any specific change in clinical findings to support this imaging study as the patient has unchanged ongoing chronic complaints, clinical neurological deficits post-laminectomy syndrome for this injury of 2006 without report of flare-up, new injuries, progressive change or failed conservative treatment. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The CT of the Lumbar Spine per 10/20/14 form QTY: 1.00 is not medically necessary and appropriate.