

Case Number:	CM14-0193577		
Date Assigned:	12/01/2014	Date of Injury:	02/08/2010
Decision Date:	01/15/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/18/2014

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, has a subspecialty in Interventional Spine 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 patient is a 55 year old male with an injury date on 2/8/10. Patient complains of continued back pain, and bilateral leg pain, right > left, with pain rated 7/10 and remaining unchanged since initial visit per 10/30/14 report. The patient has numbness/tingling in bilateral legs since 2010, worse since July 2013 per 10/24/14 report. The patient has not tried tricyclic antidepressants, but Norco and Gabapentin improves pain per 10/24/14 report. Based on the 10/30/14 progress report provided by the treating physician, the diagnosis is degenerative and postsurgical changes as described above without evidence of complication. A physical exam on 10/30/14 showed "L-spine range of motion limited, with extension at 5 degrees. Straight leg raise negative." The patient's treatment history includes lumbar surgery (exacerbated pain), epidural steroid injection (some help), physical therapy (some help), acupuncture (some help), medications (opioids, Tylenol, Gabapentin). The treating physician is requesting CT lumbar spine. The utilization review determination being challenged is dated 11/5/14. The requesting physician provided treatment reports from 6/10/14 to 10/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back chapter, CT scan

Decision rationale: This patient presents with back pain, bilateral leg pain. The treater has asked for CT lumbar spine on 10/30/14. The patient is having an MRI L-spine and CT scan of L-spine done to evaluate current stenosis and placement of L4-5 and L5-S1 devices, L4-S1 laminectomies, and placement of screws from L4-S1, and subsequent retroperitoneal approach for L4-5 and L5-S1 discectomies, interbody fusions and completion of L4-S1 instrumented fusion per 10/30/14 report. There is no documentation of a prior CT scan of lumbar. X-ray of the L-spine dated 10/24/14 showed "spinous process clamps posteriorly at L4-5 and L5-S1 and prior probably TLIF (Transforaminal Lumbar Interbody Fusion) at L5-S1 with interbody PEEK cage visualize. There is moderate disc space narrowing at L5-S1 and views show no evidence of abnormal movement or spondylolisthesis. Moderate right and mild left sacroiliac joint osteoarthritis." Regarding CT scans for the lumbar, ACOEM recommends when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. ACOEM also considers CT scan optional for preoperative planning if MRI is unavailable. ODG guidelines states CT scans are not indicated except for evaluation of trauma, myelopathy, pars defect/fracture and to evaluate successful fusion if X-rays are not helpful. In this case, the patient is undergoing evaluation for a lumbar fusion, and the treater has requested a CT scan of the lumbar. The treater, however, does not explain the necessity for the requested CT scan, as there does not appear to be an indication for it. There is no trauma, fracture, myelopathy. The X-rays do not appear to show any problems with prior fusion. There is no evidence that MRI's are not available for preoperative planning either. The request CT scan is not medically indicated.