

Case Number:	CM14-0194810		
Date Assigned:	12/02/2014	Date of Injury:	07/09/2010
Decision Date:	01/14/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/20/2014

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 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 46 year-old housekeeper sustained an injury on 7/9/10. Request(s) under consideration include CT of the Lumbar Spine. Diagnoses include lumbar intervertebral disc displacement without myelopathy s/p lumbar L5-S1 fusion in August 2012. This 46 year-old housekeeper sustained an injury on 7/9/10. Request(s) under consideration include CT of the Lumbar Spine. Diagnoses include lumbar intervertebral disc displacement without myelopathy s/p lumbar L5-S1 fusion in August 2012. Conservative care has included medications, therapy (48 visits), acupuncture (48 visits), and modified activities/rest. Current medications list Percocet and Tramadol. An apparent MRI of the lumbar spine was done on 9/7/14; however, no report or results documented. Report of 10/1/14 from the provider noted the patient with chronic ongoing low back pain rated at 3/10 with radiation to lower extremities. There was no report of changes in exam findings noting "L/S unchanged." Treatment plan included obtaining MRI CD/films report and request for CT scan. The request(s) for CT of the Lumbar Spine was non-certified on 10/20/14 citing guidelines criteria and lack of medical necessity.. Conservative care has included medications, therapy (48 visits), acupuncture (48 visits), and modified activities/rest. Current medications list Percocet and Tramadol. An apparent MRI of the lumbar spine was done on 9/7/14; however, no report or results documented. Report of 10/1/14 from the provider noted the patient with chronic ongoing low back pain rated at 3/10 with radiation to lower extremities. There was no report of changes in exam findings noting "L/S unchanged." Treatment plan included obtaining MRI CD/films report and request for CT scan. The request(s) for CT of the Lumbar Spine was non-certified on 10/20/14 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: 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.

Decision rationale: 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 lumbar fusion surgery for this injury of 2010 without report of flare-up, new injuries, progressive change or failed conservative treatment. The patient had recent MRI of lumbar spine done with report pending. 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 is not medically necessary and appropriate.