

Case Number:	CM14-0200020		
Date Assigned:	12/10/2014	Date of Injury:	10/22/1987
Decision Date:	01/23/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/01/2014

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 Family Practice and is licensed to practice in New Jersey. 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 worker is a 57 year old male who was injured on 10/22/1987. He already had a history of low back pain with associated lumbar spine surgeries before the injury in 1987. He was diagnosed with lumbar disc disease, lumbar stenosis, lumbosacral spondylosis, lumbosacral radiculitis, and leg pain. He was treated with medications, injections, and physical therapy. He was also treated with multiple lumbar surgeries (most recent 1/17/14) and an intrathecal medication pump, however he still experienced chronic pain and was diagnosed with postlaminectomy syndrome. On 11/4/14, the worker was seen by his primary treating physician reporting continual low back pain with radiation to both legs, which had been gradually worsening since the hardware was removed from his back, currently rated at 6/10 on the pain scale. Physical examination findings included tenderness and hypertonicity of lumbar paraspinal muscles, tenderness at sciatic notches, positive Kemp's at facets of L2-3 bilaterally, and full ability to stand on heels and toes. No report of instability was included in the report. The worker was then recommended to continue the pain medications and have a CT scan of the lumbar area completed to provide "more information about the patient's fusion process."

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 59. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-305.

Decision rationale: The MTUS ACOEM Guidelines state that lumbar spine CT should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management, such as when post-fusion x-ray does not clearly confirm fusion. In the case of this worker, there was no evidence of any red flag diagnosis. There was only reported gradually worsening of pain since hardware was removed months prior. There was no physical evidence from examination to suggest radiculopathy or instability which might have warranted a CT scan of the lumbar spine. Therefore, the CT scan is not medically necessary and is not likely to aid in the treatment of this worker.