

Case Number:	CM14-0202607		
Date Assigned:	12/15/2014	Date of Injury:	02/22/2001
Decision Date:	02/04/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/03/2014

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 Rehab, 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 49 year old male with an injury date of 02/22/01. Based on the progress report dated 10/18/14, the patient is one year status post anterior lumbar interbody fusion L4-5 secondary to prior nonunion. Currently, the patient is primarily suffering from back pain which is greater than the left leg pain. Physical examination of the lumbar spine reveals tenderness to palpation and 2+ spasms in the musculature. Medications, as per progress report dated 10/18/14, include Voltaren, Tramadol, Prilosec and Flexeril. The patient received 13 sessions of physical therapy after the surgery, as per report dated 02/27/14. He is also doing home exercises to manage the pain. The patient has restrictions on lifting, repetitive bending and twisting of the lumbar spine, as per progress report dated 09/13/14. X-ray of the Lumbar Spine, 11/12/14:- Status post fusion L4-S1- Bone graft material seen at L4-5- Laminectomy defects are seen at L5- Spondylotic changes are seen within the lumbar spine- Constipation CT Scan of the Lumbar Spine, 11/12/14:- Status post fusion at L4-S1 with bone graft material and laminectomy defects at L5- Vascular calcifications- Spondylotic changes- 2-3 mm broad-based posterior disc protrusion resulting in bilateral neural foraminal narrowing and canal stenosis at L3-4- Status post fusion at L4-5 with osteophyte ridge and facet joint hypertrophy resulting in bilateral neural foraminal narrowing- At L5-S1, status post fusion. Diagnosis, 10/18/14: Status post anterior lumbar interbody fusion L4-5 for nonunion. The treater is requesting for 1 spiral CT scan with 1 mm cut in sagittal coronal reconstruction. The utilization review determination being challenged is dated 11/12/14. Treatment reports were provided from 01/27/14 - 11/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Spiral CT Scan with 1 MM Cut in Sagittal Coronal Reconstruction: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CT Scan.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chapter Low Back - Lumbar and Thoracic (Acute & Chronic), CT (computed tomography).

Decision rationale: The patient is one year status post anterior lumbar interbody fusion L4-5 secondary to prior nonunion, as per progress report dated 10/18/14. The request is for 1 spiral CT scan with 1 mm cut in sagittal coronal reconstruction. Currently the patient complains of pain in the lower back which is greater than the pain in the left leg. ODG Guidelines, chapter 'Low Back - Lumbar and Thoracic (Acute & Chronic)' and topic 'CT (computed tomography)', recommend CT scans to "Evaluate successful fusion if plain x-rays do not confirm fusion." In this case, a CT scan of the lumbar spine dated 11/12/14 (same as UR date) was provided for review. It was performed after the request date indicating that this is a retrospective request. The patient underwent anterior lumbar interbody fusion L4-5 secondary due to prior nonunion. One year after the procedure, the treater is requesting for "spiral CT scan to evaluate whether or not the patient has a nonunion that could be causing this continued back pain," as per progress report dated 10/18/14. The treater wants the test to be performed at a specific diagnostic facility because "they know how to do the CT scan." In a prior progress report dated 07/19/14, the treater states that the patient had an x-ray but "It is difficult to see if there is solid fusion" and requests for a CT scan one year post-operatively. ODG guidelines allow for CT scans to evaluate successful fusion. Hence, this request is medically necessary.