

Case Number:	CM14-0203692		
Date Assigned:	12/16/2014	Date of Injury:	06/14/2011
Decision Date:	02/06/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/05/2014

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 Rehabilitation, has a subspecialty in Pain Medicine 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 is a male who suffered an industrial related injury on 6/14/11 after striking his ribs on a ladder. A physician's report dated 6/12/14 noted diagnoses included L4-5 and L5-S1 decompression and fusion and status post removal of hardware. A physician's report dated 7/31/14 noted the injured worker had complaints of low back pain. A physician's report dated 9/18/14 noted physical examination findings of low back muscle spasms with 40 degrees of flexion and 10 degrees of extension. The straight leg raise was negative. A report dated March 17, 2014 indicates that a CT scan shows a solid fusion. On 11/5/14 the utilization review (UR) physician denied the request for 1 computed tomography (CT) scan of the lumbar spine without contrast. The UR physician noted the Official Disability Guidelines support the use of a CT scan for certain conditions that include spinal trauma, tumor, infection, fracture, new neurological deficits, a pars defect, to evaluation a successful fusion, and for clarification of anatomy prior to surgery. The records provided do not document any neurological deficits or any red flags regarding other conditions, therefore the request is not medically necessary.

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 without contrast as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, CT (Computed Tomography)

Decision rationale: CA MTUS states CT is recommended for patients with acute or subacute radicular pain syndrome that have failed to improve within 4 to 6 weeks, and there is consideration for an epidural glucocorticoid injection or surgical discectomy. Official Disability Guidelines (ODG), state CT is indicated for thoracic or lumbar spine trauma, myelopathy to evaluate pars defect not identified on plain x-rays, and to evaluate successful fusion if plain x-rays do not confirm fusion. Within the documentation available for review, there are no physical examination findings consistent with radicular pain syndrome that has failed to improve. There is no mention of trauma, myelopathy, and the fusion is reportedly solid. Additionally, it is unclear when the patient's last CT scan was performed, or how the patient's subjective complaints or objective findings have changed since that time. In the absence of clarity regarding those issues, the currently requested computed tomography (CT) scan of the lumbar spine is not medically necessary.