MAXIMUS Federal Services

Case Number:	CM15-0007951		
Date Assigned:	01/26/2015	Date of Injury:	05/27/2003
Decision Date:	03/20/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/14/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Hawaii
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 53 year old male, who sustained a work/ industrial injury as a laborer on 5/27/03. He has reported symptoms of low back pain with intermittent tingling in both lower legs and feet. Symptoms were aggravated by daily activities and relieved by rest. Gait was antalgic on both sides but he was able to fully weight bear with no assistive devices. The diagnoses have included lumbar disc protrusion without degenerative disc disease L3-4, L4-5 and L5-S1. Past surgery included left hip replacement in 1/06 and right total hip arthroplasty due to degenerative arthritis and avascular necrosis. On 4/7/10, a lateral approach interbody fusion with cage at L4-5 with posteriolateral fusion and pedicle screw fixation at L4-5 and L5-S1 was performed. Treatments included physical therapy, home exercise program, epidural injection, and medication. Medications included Ambien, Soma, and Norco. X-rays of the lumbar spine showed slight disc space narrowing at L4-5 and L5-S1 without instability on flexion, extension and lateral views. Magnetic Resonance Imaging (MRI) noted multi-level disc protrusions. A Computed Tomography (CT) of the lumbar spine was also ordered. On 12/23/14, Utilization Review non-certified a CT Scan of Lumbar Spine, citing the American College of Occupational and Environmental Medicine (ACOEM) Guidelines.

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: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 59.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back, CT (computed tomography)

Decision rationale: The patient presents with pain affecting the low back accompanied with intermittent tingling in bilateral lower extremities. The current request is for CT scan of the lumbar spine. The treating physician report dated 11/17/14 (183D) states, "CT scan for lumbar spine to assess fusion status." The MTUS guidelines do not address the current request. The ODG guidelines state the following regarding CT scans of the low back: "Not recommended except for indications below for CT." The ODG guidelines support CT scans of the lumbar spine to "evaluate successful fusion if plain x-rays do not confirm fusion." The treating physician report dated 11/17/14 (182 D) states, "L4-5 appeared solid IB fusion with cage. PSF. L4-L5-S1 stable. Unable to assess PLF L5-S1. Recommend CT scan." In this case, the treating physician was unable to evaluate successful fusion with plain x-rays and is requesting a CT scan to further assess fusion status. The current request satisfies the ODG guidelines as outlined in the Low Back chapter. Recommendation is for authorization.