MAXIMUS Federal Services

Case Number:	CM15-0103572		
Date Assigned:	06/08/2015	Date of Injury:	07/14/2011
Decision Date:	07/09/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/29/2015

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
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 41 year old male, who sustained an industrial injury on July 14, 2011. The mechanism of injury was not provided. The injured worker has been treated for low back complaints. The diagnoses have included acute right leg radiculopathy, lumbosacral neural foraminal stenosis, lumbar degenerative disc disease and left greater trochanteric bursitis. Treatment to date has included medications, radiological studies, MRI, lumbar epidural steroid injections, lumbar medial branch blocks, radiofrequency ablation, chiropractic sessions and a lumbar fusion. Current documentation dated March 17, 2015 notes that the injured worker had persistent constant low back pain. The low back pain radiated to the right buttock and right leg to the thigh. The pain was rated a six out of ten on the visual analogue scale with medication. Examination of the lumbar spine revealed tenderness to palpation over the hardware. A straight leg raise test was positive on the left. The injured worker was noted to walk with an antalgic gait favoring the right lower extremity. The treating physician's plan of care included a request for a computed tomography scan of the lumbar spine # 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT (computed tomography) scan lumbar spine, quantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter/Myelography.

Decision rationale: The MTUS Guidelines recommend the use of CT myelography for preoperative planning as an option if MRI is not available. Per ODG guidelines, CT (computed tomography) myelography is not recommended except for selected indications below, when MR imaging cannot be performed, or in addition to MRI. Myelography and CT Myelography have largely been superseded by the development of high resolution CT and magnetic resonance imaging (MRI), but there remain the selected indications below for these procedures, when MR imaging cannot be performed, or in addition to MRI. ODG Criteria for Myelography and CT Myelography: 1. Demonstration of the site of a cerebrospinal fluid leak (postlumbar puncture headache, postspinal surgery headache, rhinorrhea, or otorrhea). 2. Surgical planning, especially in regard to the nerve roots; a myelogram can show whether surgical treatment is promising in a given case and, if it is, can help in planning surgery. 3. Radiation therapy planning, for tumors involving the bony spine, meninges, nerve roots or spinal cord. 4. Diagnostic evaluation of spinal or basal cisternal disease, and infection involving the bony spine, intervertebral discs, meninges and surrounding soft tissues, or inflammation of the arachnoid membrane that covers the spinal cord. 5. Poor correlation of physical findings with MRI studies. 6. Use of MRI precluded because of: a. Claustrophobia b. Technical issues, e.g., patient size c. Safety reasons, e.g., pacemaker d. Surgical hardware. In this case, the injured worker had a lumbar L4-5 fusion in 2/2013. A lumbar MRI on 4/25/14 revealed evidence of AP fusion with pedicle screws. L4-5 and dorsal rods are attached. No residual/recurrent basis for symptomatic nerve root impingement is shown. Mild 2.5mm posterior bulging at L5-S1 does not impinge. Lumbar x-rays completed on 10/20/14 were essentially normal and consistent with previous MRI. This request was previously denied and there have been no changes that would necessitate the use of lumbar CT. The request for CT (computed tomography) scan lumbar spine, quantity: 1 is determined to not be medically necessary.