MAXIMUS Federal Services

Case Number:	CM15-0133931		
Date Assigned:	07/22/2015	Date of Injury:	09/25/1992
Decision Date:	08/24/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/10/2015

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: New York, Tennessee
Certification(s)/Specialty: Emergency 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 70-year-old male, who sustained an industrial injury on September 25, 1992, incurring low back injuries. Lumbar Magnetic Resonance Imaging revealed disc protrusion. He was diagnosed with lumbar degenerative disc disease, lumbar radiculitis, lumbar facet arthropathy, and bilateral sacroiliitis. Treatment included pain medications, muscle relaxants, transcutaneous electrical stimulation and a surgical lumbar fusion. In 1995, computed tomography scan and x rays showed lumbar spondylosis. Currently, the injured worker complained of persistent low back pain with radiation into the bilateral lower extremities. He rated his pain a 10 on a pain scale of 1 to 10. Upon examination, there were spasms and stiffness noted in the lumbar region. He had limited mobility with flexion and extension in the lumbar spine. The treatment plan that was requested for authorization included a computed tomography scan of the lumbar spine.

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): 303-305.

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

Decision rationale: Magnetic resonance imaging has largely replaced computed tomography scanning in the noninvasive evaluation of patients with painful myelopathy because of superior soft tissue resolution and multi-planar capability. Indications for computed tomography of the lumbar spine: Thoracic spine trauma: equivocal or positive plain films, no neurological deficit. Thoracic spine trauma: with neurological deficit. Lumbar spine trauma: trauma, neurological deficit. Lumbar spine trauma: seat belt (chance) fracture. Myelopathy (neurological deficit related to the spinal cord), traumatic. Myelopathy, infectious disease patient. Evaluate pars defect not identified on plain x-rays. Evaluate successful fusion if plain x-rays do not confirm fusion. In this case, there is no acute trauma and there is no documentation of neurological deficit. There is no medical indication for CT of the lumbar spine. The request is not medically necessary.