MAXIMUS Federal Services

Case Number:	CM15-0135614		
Date Assigned:	07/23/2015	Date of Injury:	10/24/2005
Decision Date:	08/20/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/14/2015

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: New Jersey, Alabama, California
Certification(s)/Specialty: Neurology, Neuromuscular 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 44 year old male, who sustained an industrial injury on October 24, 2005. He reported sudden, sharp low back pain. Treatment to date has included two-level lumbar laminectomy and fusion, cognitive behavioral therapy, spine surgical consultation, and diagnostic imaging. Currently, the injured worker complains of low back pain with radiation of pain to the left lower extremity. He describes the pain as aching and throbbing with associated left lower extremity weakness, numbness and tingling. He reports that any activity will aggravated his pain and his pain is relieved with lying down and rest. An x-ray of the lumbar spine in May, 2015 revealed no evidence of instability and a stable fusion at L4-5. The evaluating physician notes that the injured worker is in the maintenance phase of opioid therapy and will likely require long-term opioid therapy to control pain. On physical examination the injured worker has tenderness to palpation over the lumbar paraspinal muscles overlying the facet joints bilaterally and has trigger points noted over the lower paraspinals. His lumbar spine range of motion was within normal limits with the exception of flexion of the lumbar spine which was limited to 30 degrees and with extension which was limited to ten degrees with pain. He ambulates with an antalgic gait favoring the left side. The diagnoses associated with the request include degeneration of lumbosacral intervertebral discs and lumbosacral radiculitis. The treatment plan includes cognitive behavioral therapy with biofeedback, CT scan of the lumbar spine without contrast and spine surgery follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Scan without contrast of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CT (computed tomography) http://www.odg- twc.com/index.html.

Decision rationale: According to ODG guidelines, Computed Tomography: Not recommended except for indications below for CT. (Slebus, 1988) (Bigos, 1999) (ACR, 2000)Indications for imaging Computed tomography: 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 (Laasonen, 1989) There is no evidence in this case of recent lumbar trauma or a neurological deficit including signs of myelopathy or spine infection. Therefore, the request for T Scan without contrast of the Lumbar Spine is not medically necessary.