

Case Number:	CM15-0145592		
Date Assigned:	08/06/2015	Date of Injury:	05/09/1999
Decision Date:	09/10/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/27/2015

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: Texas, New York, 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 applicant is a represented 59-year-old who has filed a claim for chronic neck and back pain reportedly associated with an industrial injury of May 1999. In a July 2, 2015 RFA form, the claims administrator failed to approve a request for a CT scan of the lumbar spine. The claims administrator referenced a June 24, 2015 progress note in its determination. The claims administrator did not incorporate any guidelines into its report rationale, but did acknowledge that the applicant had a history of previous lumbar fusion surgery. The applicant's attorney subsequently appealed. On June 24, 2015, the applicant reported ongoing complaints of predominantly an axial low back pain. The applicant was ambulating well with mild discomfort, it was reported. Normal lower extremity motor function was noted. X-rays demonstrated a stable indwelling lumbar spine graft. The attending provider stated that he was ordering CT imaging of the lumbar spine to confirm a successful fusion versus pseudoarthrosis versus an incomplete fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 CT lumbar spine without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (Acute & Chronic), CT (computed tomography).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: Yes, the proposed CT imaging of the lumbar spine is medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. Here, the attending provider reported on June 24, 2015 that he was considering a surgical intervention based on the outcome of the study in question. The attending provider stated that he did suspect pseudoarthrosis following earlier failed fusion surgery. The attending provider stated he could potentially act on the results of the CT imaging in question and consider fusion hardware removal based on the outcome of the same. The MTUS Guideline in ACOEM Chapter 12, page 303 does suggest that CT imaging is the imaging study of choice for applicants with suspected bony issues. Moving forward, the study in question was indicated, given the heightened complaints and suspicion of pseudoarthrosis voiced on June 24, 2015. Therefore, the request is medically necessary.