

Case Number:	CM15-0160721		
Date Assigned:	08/27/2015	Date of Injury:	01/11/2002
Decision Date:	09/29/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/17/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 59 year old female with an industrial injury dated 01-11-2002. Her diagnosis was status post lumbar fusion. Prior treatment included spinal fusion, physical therapy and medication. She presented on 07-08-2015 approximately 9 months status post anterior and posterior spinal fusion at level of lumbar 5 - sacral 1. She notes increased back pain and soreness in the lower back since last visit. The provider documents x-rays taken at the time of the visit showed the hardware to be intact, fusion anteriorly is in place, except for some radiolucency at the lumbar 4-5 level. The provider recommended a CT scan be performed to evaluate her fusion and to rule out pseudoarthrosis. The treatment request is for CT scan of the lumbar spine no contrast.

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 no contrast: Upheld

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

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 section, Computed tomography (CT).

Decision rationale: Pursuant to the Official Disability Guidelines, CAT scan of the lumbar spine no contrast, is not medically necessary. Magnetic resonance imaging has largely replaced cubit tomography scanning in the noninvasive evaluation of patients with painful myelopathy because of superior soft tissue resolution and multi-planar capability. The new ACP/APS guideline states CT scanning should be avoided without a clear rationale for doing so. Indications for CT scanning include, but are not limited to, thoracic spine trauma with neurologic deficit, equivocal or positive plain films with no neurologic deficit; lumbar spine trauma with neurologic deficit; etc. in this case, the injured worker's working diagnosis is status post lumbar fusion. Date of injury is January 11, 2002. Request for authorization is July 14, 2015. The injured worker is status post anterior/posterior spinal fusion at L5 - S1 October 2014. According to a progress note dated February 25, 2015, the worker is doing extremely well. X-rays of the lumbar spine were performed (indication). The fusion appeared solid. According to an April 8, 2015 progress note, the injured worker was doing extremely well the pain score of 2/10. According to a July 8, 2015 progress note, the injured worker's nine-month post operative. Subjectively, the worker complains of increased back pain, but no radicular symptoms. There is no physical examination in the progress note. The treating provider repeated the plain x-rays of the lumbar spine. The x-rays were unremarkable except for a lucency noted at L4 - L5 (no hard copy in the record). There is no clinical indication or rationale for a CAT scan of the lumbar spine. There is no physical examination. There is no neurologic evaluation. There is no neurologic deficit. Hard copy reports for the February 25, 2015 x-ray lumbar spine did not show any acute abnormalities. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no physical examination/neurologic examination to accompany the low back complaints dated July 8, 2015 and no formal hardcopy x-ray report performed July 8, 2015, CAT scan of the lumbar spine no contrast, is not medically necessary.