

Case Number:	CM15-0188353		
Date Assigned:	09/30/2015	Date of Injury:	09/13/2009
Decision Date:	11/09/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/24/2015

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 49 year old female who sustained an industrial injury on 9-13-09. A review of the medical records indicates she is undergoing treatment for retrolisthesis of L4 and L5, as well as S1 radiculopathy. Medical records (5-28-15 to 8-13-15) indicate complaints of neck pain radiating to the right arm and lower back pain radiating to both legs. She rates the pain "9 out of 10" (5-28-15). The physical exam (5-28-15) reveals an antalgic gait. She is noted to walk with a cane. Increased pain is noted with range of motion and range of motion is limited due to pain. Decreased sensation is noted at right S1 and left L4 and L5. Positive straight leg raise is noted bilaterally. Diagnostic studies have included x-rays of the lumbar spine, an MRI of the lumbar spine, and EMG-NCV studies of bilateral lower extremities. Treatment has included physical therapy, chiropractic treatments, an epidural injection, a laminectomy-discectomy, and medications. The records do not indicate if the injured worker is currently working. The request for authorization (8-27-15) includes a CT scan with 3D reconstruction of the lumbar spine. The utilization review (9-2-15) indicates denial of the requested service.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan with 3D reconstruction of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.
Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed/21096458.

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 with 3D reconstruction of the lumbar spine 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 multiplanar 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 diagnoses are lumbago and sciatica. The date of injury is September 13, 2009. Request for authorization is August 27, 2015. The documentation in the medical record indicates lumbar spine x-rays, electrodiagnostic studies and an MRI of the lumbar spine were performed. The last and most recent MRI lumbar spine was performed July 20, 2015. EMG showed a right S1 radiculopathy. MRI of the lumbar spine dated July 20, 2015 showed mild degenerative changes lumbar spine without significant interval change compared to the prior exam (date not supplied). Prior left laminectomy at L4 - L5. No significant spinal canal or neural foraminal stenosis lumbar spine. According to an August 13, 2015 progress note, the documentation subjectively states the injured worker had an EMG and MRI performed. There is no physical examination contained within the body of the August 13, 2015 progress note. There is no clear-cut rationale for performing a CAT scan examination. There is no documentation of neurologic deficit or positive plain x-rays with no neurologic deficit. There is no trauma documented. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no physical examination with a neurologic evaluation, no unequivocal neurologic deficit and no clear-cut rationale for a CAT scan examination, CAT scan with 3D reconstruction of the lumbar spine is not medically necessary.