

Case Number:	CM15-0196118		
Date Assigned:	10/09/2015	Date of Injury:	03/15/2004
Decision Date:	11/18/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/06/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 45 year old male with a date of injury on 03-15-2004. The injured worker is undergoing treatment for L4-L5 and L5-S1 disc herniations, status post L4-5 and L5-S1 decompression and instrumented fusion, status post hardware removal, rule out non-union and multilevel spondylosis. A physician progress note dated 08-13-2015 documents the injured worker has complaints of low back pain with pain in his left leg. He has pain in both feet. He rates his pain as 7 out of 10. His pain increases with walking. On lumbar examination sensory and motor are normal. He has 30% loss of range of motion. He has minimal lumbosacral tenderness. Treatment to date has included diagnostic studies, medications, sacroiliac injections, epidural injections, and use of a Transcutaneous Electrical Nerve Stimulation unit. A Magnetic Resonance Imaging of the lumbar spine done on 03-19-2015 revealed L5-S1 1.5mm disc osteophyte complex. There is borderline left lateral recess stenosis. Moderate narrowing at the right neural foramen and severe narrowing of the left neural foramen is now demonstrated. L5-S1 left greater than right neural foraminal stenosis is now demonstrated. At L4-5 there is increased scar tissue in the left lateral recess with left lateral recess stenosis. Current medications include Tramadol Hcl, Valium, Neurontin, and Voltaren cream. On 09-11-2015 Utilization Review non-certified the request for CT Lumbar with Reconstruction.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Lumbar with Reconstruction: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Indications for imaging, CT (computed tomography).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter and pg 18.

Decision rationale: According to the guidelines, CT of the lumbar spine is recommended for: 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, the claimant has had prior MRIs, injections and history of lumbar fusion. There was no mention of x-ray that was equivocal. There was continued pain and evaluation by the surgeon was to confirm non-union. An x-ray was requested previously but the results were not provided. There was no recent trauma. As a result, the request for the CT is not justified to meet the guidelines above and is not medically necessary.