MAXIMUS Federal Services

Case Number:	CM15-0202766		
Date Assigned:	10/19/2015	Date of Injury:	09/08/1979
Decision Date:	11/30/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/15/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 79 year old male, who sustained an industrial injury on 09-08-1979. A review of the medical records indicates that the worker is undergoing treatment for status post lumbar fusion, adjacent segment disease, right L5-S1 radiculopathy and thoracic disc herniations with neural foraminal narrowing. MRI of the lumbar spine dated 5-18-2015 showed extensive postoperative change with levoscoliosis and retrolisthesis L3-L4 and L5-S1 and neural foraminal narrowing including L4-L5 mild bilateral L5-S1 mild right foraminal narrowing. Subjective complaints (05-14-2015, 06-12-2015, 07-23-2015) included progressively worsening low back pain that was rated as 6-9 out of 10, back spasms and burning sensations in the big toes with occasional radiation of pain to the left lower extremity. Objective findings (05-14-2015, 06-12-2015, 07-23-2015) included an antalgic gait, tenderness to palpation of the thoracic and lumbar spine with severe spasms, significantly limited range of motion of the thoracic and lumbar spine and decreased sensation of the right L4 dermatome. Treatment has included Norco, Flexeril, Celebrex, Terocin patches, Gabapentin, 24 sessions of chiropractic therapy, 24 sessions of physical therapy, 24 sessions of acupuncture and status post lumbar fusion of L1-S1 which were noted to have failed to significantly relieve pain. The physician noted during the 07-23-2015 visit that authorization was being requested for a CT scan of the lumbar spine to evaluate the worker's hardware and fusion to evaluate for pseudoarthrosis. A utilization review dated 1 CT scan without contrast for the lumbar spine as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 CT Scan without contrast for the lumbar spine as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, CT.

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-Lumbar & Thoracic (Acute & Chronic), CT (computed tomography).

Decision rationale: The claimant has a remote history of a work injury in September 1979 and has a history of a multilevel lumbar fusion from L1 to the sacrum. When seen, a spinal cord stimulator trial was being considered. He was having low back pain which had worsened since May 2015. He was occasionally using a lumbar corset which was not providing pain relief. Physical examination findings included an antalgic gait with forward flexed posture. There was thoracic and lumbar tenderness with severe spasms. There was significantly decreased range of motion. He had decreased right lower extremity sensation and mildly decreased strength at 5-/5 bilaterally. An MRI of the lumbar spine in May 2015 showed extensive post-operative changes with multilevel neuroforaminal narrowing. A lumbar CT is being requested to evaluate the claimant's fusion. Guidelines address the role of a CT scan of the lumbar spine with applicable criteria in this case including plain x-rays that do not confirm a successful fusion. In this case, there is no evidence by x-rays of the lumbar spine which could include flexion/extension views that would meet the criteria for obtaining the requested CT scan which is not considered medically necessary.