

Case Number:	CM15-0203698		
Date Assigned:	10/20/2015	Date of Injury:	03/20/2006
Decision Date:	12/02/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/16/2015

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: Montana, Oregon, Idaho

Certification(s)/Specialty: Orthopedic Surgery

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 41-year-old female who sustained an industrial injury on 3-20-2006 and has been treated for low back pain. Diagnosis is lumbosacral radiculopathy. Documented treatment includes physical therapy. The injured worker chooses to not take medication at this time. She is noted to have had a bilateral spinal fusion at the age of 17 from which she had "fully recovered." Diagnostic tests noted include radiographic examination showing no fractures, dislocations, or evidence of spondylolisthesis or spondylolysis. On 8-24-2015 the injured worker reported continued low back pain which has caused difficulty with dressing, bathing and grooming for which she is receiving assistance from a family member. Objective examination revealed paraspinal muscle tenderness with palpation, difficulty with forward flexion to 30 degrees and extension to 10 degrees, and decreased sensation in bilateral S1 dermatomal distribution. The treating physician's plan of care includes a CT of the lumbar spine without contrast to "evaluate for pseudoarthrosis." This was denied on 9-15-2015. The injured worker is currently not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT without contrast (lumbar spine): 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 - Lumbar & Thoracic (Acute & Chronic), Computed tomography.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back.

Decision rationale: CA MTUS/ACOEM Chapter 12 Low Back Complaints, pages 303-305 demonstrates a CT scan is indicated for bony structures if there is physiologic evidence of impairment. According to the ODG low back section, Magnetic resonance imaging has largely replaced computed tomography scanning in the noninvasive evaluation of patients with painful myelopathy because of superior soft tissue resolution and multiplanar capability. Indications for imaging -- Computed tomography: 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 indication for obtaining CT scan would be to confirm a solid L5-S1 fusion to rule out pseudarthrosis as an etiology of the injured workers back pain. There are no official radiology reports submitted in the supporting documentation, however, the clinical note from 5/29/15, notes there is fusion at L5-S1. In addition the worker had an L5-S1 fusion at age 17 and sustained an injury in 2006. There is no indication that she was having back symptoms in the intervening time period, which would be expected with a pseudarthrosis or malpositioned pedicle screw. The request is therefore is not medically necessary.