

Case Number:	CM15-0207923		
Date Assigned:	10/26/2015	Date of Injury:	06/02/2014
Decision Date:	12/08/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/22/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 51 year old male, who sustained an industrial injury on 06-02-2014. He has reported injury to the low back. The diagnoses have included lumbago with sciatica; spondylolisthesis L5-S1 grade I, status post L4-5 discectomy right. Treatment to date has included medications, diagnostics, activity modification, and physical therapy. Medications have included Ibuprofen, Flexeril, and Norco. The MRI of the lumbar spine, dated 08-12-2014, revealed "status post right laminotomy and resection of the ligamentum flava right side at L4-5; this results in a moderate overall improved size of the central canal and right lateral recess; there are again suspected bilateral pars interarticularis defects at L5 with a stable 3 mm anterolisthesis L5-S1; broad-based posterior osteophyte formation at L4-5 plus a stable 3 mm retrolisthesis L4 on L5". A progress report from the treating physician, dated 07-30-2015, documented an evaluation with the injured worker. The injured worker reported lumbago with sciatica. Objective findings included breath sounds are equal and clear in the anterior and posterior fields bilaterally; regular heart rate and rhythm; positive bowel sounds; and abdomen is nontender to palpation in all four quadrants. The provider noted that "the patient will be seen by the neurosurgeon"; and "apparently a computed axial tomography with contrast is requested and awaiting approval". The treatment plan has included the request for CT SPECT scan lumbar spine. The original utilization review, dated 10-06-2015, non-certified the request for CT SPECT scan lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT SPECT scan lumbar: Overturned

Claims Administrator 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, Computed tomography (CT).

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/CT Scans and Other Medical Treatment Guidelines
<http://emedicine.medscape.com/article/395916-overview>.

Decision rationale: MTUS Guidelines recommend the use of CT scans when detailed evaluation of bony structures may be necessary. The additional use of SPECT scanning is recommended with there needs to be further evaluation of lesions associated with spondylolithesis. This individual has 2 levels with instability and possible PARs defects. The addition of SPECT scanning allows for differentiation of which bony defects are actively involved in the fracture/remodeling process. This individual may qualify for fusion surgery and as part of the planning process an evaluation of potential "active" locations is medically reasonable. Under these circumstances, the CT SPECT scan lumbar is consistent with recommend practice standards and is medically necessary.