

Case Number:	CM15-0210204		
Date Assigned:	10/30/2015	Date of Injury:	12/27/2013
Decision Date:	12/14/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/26/2015

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: Illinois, California, Texas
 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:

This injured worker is a 31-year-old male who sustained an industrial injury on 12/27/13. Injury occurred when he stumbled on a scaffold and twisted his back severely trying to stop his fall. Conservative treatment had included right L5 and S1 transforaminal epidural steroid injection, bilateral facet joint injections, medications, chiropractic, activity modification, and exercise. The 5/28/15 lumbar spine MRI impression documented a disc bulge at L4/5 with small right lateral/subarticular disc protrusion, without nerve root impingement. There was no central canal stenosis and mild right neuroforaminal stenosis. At L5/S1, there was moderate disc space narrowing and disc-ridge complex with broad-based central disc protrusion extending posteriorly 4 mm with minimal contact with the traversing left S1 nerve root. There was mild central canal stenosis and bilateral neuroforaminal stenosis, right greater than left. The 10/12/15 treating physician report cited constant grade 8-10/10 low back pain radiating into the bilateral buttocks, posterior thighs, calves, shins, and tops of both feet, right greater than left. Prolonged positioning of any kind increased his pain. Walking for 15 to 20 minutes caused leg weakness and a sensation of heaviness which resolved with sitting and resting. Symptoms were reported as on- going and worsening. He had failed conservative treatment. Physical exam documented full lumbar range of motion, negative straight leg raise, and diminished left patellar and Achilles reflexes. Symptoms were well correlated with L5/S1 pathology, including focal marked degenerative disc disease with disc herniation and bilateral lateral recess stenosis compressing the bilateral L5 and S1 nerve root. Surgery was recommended to include an L5/S1 transforaminal lumbar interbody fusion (TLIF). Authorization was requested on 10/15/15 for an

outpatient pre-op CT scan of the lumbar spine (with sagittal reconstructions without contrast). The 10/19/15 utilization review non-certified the request for an outpatient pre-op CT scan of the lumbar spine as the associated L5/S1 TLIF had been denied on 10/16/15. A subsequent approval of the L5/S1 TLIF was noted on 10/26/15 with fusion supported by anticipated temporary intraoperative instability due to wide decompression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Pre-Op Scan of The Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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-Lumbar & Thoracic: CT (computed tomography) and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM). Occupational Medical Practice Guidelines 2nd Edition. Chapter 12 Low Back Disorders. (Revised 2007). CT scan. Page 59.

Decision rationale: The California MTUS guidelines state that unequivocal objective findings of specific nerve compromise on the neurologic exam are sufficient to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. The ACOEM revised low back guidelines do not recommend routine CT scan for acute, sub-acute or chronic non-specific lower back pain, or for radicular pain syndromes. CT scan is recommended for patients with an indication for MRI who cannot complete the MRI due to contraindications such as implanted metallic-ferrous device or significant claustrophobia. Guidelines state that repeat lumbar imaging without significant clinical deterioration in symptoms and/or signs is not recommended. The Official Disability Guidelines state that for suspected spine trauma, thin-section CT examination with multi-planar reconstructed images may be recommended. CT scan is also supported to evaluate pars defect not identified on plain x-rays. Guideline criteria have not been met. This injured worker underwent a lumbar spine MRI on 5/28/15 with findings of degenerative disc disease and disc herniation with bilateral lateral recess stenosis compressing the L5 and S1 nerve roots. Surgery has been requested to include TLIF at L5/S1 as wide decompression and temporary intraoperative instability were anticipated. There is no rationale presented to support the medical necessity of a pre-operative CT scan in addition to the prior MRI before proceeding with surgery. Therefore, this request is not medically necessary.