MAXIMUS Federal Services

Case Number:	CM15-0216159		
Date Assigned:	11/05/2015	Date of Injury:	08/12/2013
Decision Date:	12/21/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	11/03/2015

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: Emergency 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 36 year old male, who sustained an industrial injury on 08-12-2013. A review of the medical records indicates that the worker is undergoing treatment for spondylolisthesis, lumbar radiculopathy and status post L5-S1 decompression and instrumented fusion on 02-05-2015. Treatment has included Norco, Gabapentin, Flexeril, physical therapy, chiropractic treatment, epidural steroid injections and surgery. On 03-09-2015, the worker presented status post L5-S1 decompression and fusion and was noted to be doing better overall with some continued numbness in the right leg. Pain was noted to have improved. No abnormal objective examination findings were documented. X-ray taken that day was noted to show hardware was in the right place, alignment was maintained and there was no lucency around the screws. The plan of care included pain medication and physical therapy. Subjective complaints (10-02-2015) included constant low back pain radiating to the lateral aspect of the right leg that was described as severe and aching. Objective findings (10-02-2015) included 3+ exquisite tenderness to palpation of the lumbar spine and flank, myosfascial tenderness on the right, positive trigger point tenderness, spasm in the surrounding tissue, decreased sensation to light touch at right L4-S1, decreased two point discrimination at right L4-S1 and a depressed an agitated affect. The physician noted that authorization for CT scan of the lumbar spine was being requested as per agreed medical examiner (AME) recommendation. The AME report was not included for review. A utilization review dated 10-20-2015 non-certified a request for CT of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The requested CT of the lumbar spine, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Lower Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 303-305, recommend imaging studies of the lumbar spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option". The injured worker is status post L5-S1 decompression and fusion and was noted to be doing better overall with some continued numbness in the right leg. Pain was noted to have improved. No abnormal objective examination findings were documented. X-ray taken that day was noted to show hardware was in the right place, alignment was maintained and there was no lucency around the screws. The plan of care included pain medication and physical therapy. Subjective complaints (10-02-2015) included constant low back pain radiating to the lateral aspect of the right leg that was described as severe and aching. Objective findings (10-02-2015) included 3+ exquisite tenderness to palpation of the lumbar spine and flank, myosfascial tenderness on the right, positive trigger point tenderness, spasm in the surrounding tissue, decreased sensation to light touch at right L4-S1, decreased two point discrimination at right L4-S1 and a depressed an agitated affect. The treating physician has not documented evidence of hardware malignment or failure, nor acute clinical change since previous imaging studies. The criteria noted above not having been met, CT of the lumbar spine is not medically necessary.