

Case Number:	CM15-0219787		
Date Assigned:	11/12/2015	Date of Injury:	04/14/2003
Decision Date:	12/30/2015	UR Denial Date:	11/03/2015
Priority:	Standard	Application Received:	11/09/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 45 year old female, who sustained an industrial injury on 04-14-2003. The injured worker is currently not working. Medical records indicated that the injured worker is undergoing treatment for lumbar post laminectomy syndrome, lumbar radiculopathy, and myofascial pain syndrome. Treatment and diagnostics to date has included medications and home exercise program. Recent medications have included Sertraline, Singulair, Chantix, Prilosec, Lidocaine, Baclofen, Tramadol, and Morphine Sulfate. Subjective data (08-19-2015 and 09-17-2015), included headache, neck and back pain rated 4-5 out of 10. Objective findings (09-17-2015) included "normal" alignment of head and neck with no crepitation, contractures, or limitations with range of motion and "normal" tone and strength. The Utilization Review with a decision date of 11-03-2015 denied the request for CT of lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT lumbar spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low back, CT scan.

Decision rationale: The IW is a 45 year old woman who injured her low back in a work-related injury on 4/14/2003. She carries a diagnosis of lumbar post-laminectomy syndrome, cervical radiculopathy and lumbar radiculopathy. She is on Prilosec, Baclofen Tramadol, Lyrica, Morphine Sulfate IR Levothyroid, sertraline, Singulair, and Chantrix. In the most recent 10/6/2015 note provided, the IW complains of 4/10 low back pain. Significant exam findings include bilateral lumbar paraspinous tenderness, and pain with SI joint loading. Request is for CT of the lumbar spine. MTUS does not comment on CT scanning. ODG, low back chapter states, Not recommended except for indications below for CT. (Slebus, 1988) (Bigos, 1999) (ACR, 2000) (Airaksinen, 2006) (Chou, 2007) 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. (Seidenwurm, 2000) The new ACP/APS guideline as compared to the old AHCPR guideline is more forceful about the need to avoid specialized diagnostic imaging such as computed tomography (CT) without a clear rationale for doing so. (Shekelle, 2008) A new meta-analysis of randomized trials finds no benefit to routine lumbar imaging (radiography, MRI, or CT) for low back pain without indications of serious underlying conditions, and recommends that clinicians should refrain from routine, immediate lumbar imaging in these patients. (Chou-Lancet, 2009) Primary care physicians are making a significant amount of inappropriate referrals for CT and MRI, according to new research published in the Journal of the American College of Radiology. There were high rates of inappropriate examinations for spinal CTs (53%), and for spinal MRIs (35%), including lumbar spine MRI for acute back pain without conservative therapy. (Lehnert, 2010) For suspected spine trauma (ie, fractures, lumbar or cervical), thin-section CT examination with multiplanar reconstructed images may be recommended. Image software post processing capabilities of CT, including multiplanar reconstructions and 3-dimensional display (3D), further enhance the value of CT imaging for reconstructive trauma surgeons. (Daffner, 2009) If there is a contraindication to the magnetic resonance examination such as a cardiac pacemaker or severe claustrophobia, computed tomography myelography, preferably using spiral technology and multiplanar reconstruction is recommended. See the Neck Chapter. 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 (Laasonen, 1989) In this case, there is no reason given for lumbar CT scanning. The UR report denying the CT scan states the CT was ordered for further evaluation. The medical records provided do not provide evidence that meet the criteria for CT scanning of the lumbar spine. There is no evidence of any changes in the IW's condition. There is no evidence of malignancy or neurological deterioration. The requested service is not medically necessary.