

Case Number:	CM15-0031664		
Date Assigned:	02/25/2015	Date of Injury:	10/13/2001
Decision Date:	04/10/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/19/2015

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: 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 52 year old male, who sustained an industrial injury on 10/13/2001. The current diagnoses are lumbar pain/radiculopathy and status post anterior lumbar interbody fusion at L4-L5. Currently, the injured worker complains of constant, aching low back pain that radiates down his bilateral and anteroposterior leg, accompanied by back numbness. The pain is rated 8-9/10 on a subjective pain scale. The physical examination of the lumbar spine revealed mild tenderness on palpation. Range of motion is restricted and painful. Treatment to date has included medications, physical therapy, chiropractic, acupuncture, massage, yoga, and three epidural steroid injections. The treating physician is requesting CT scan of the lumbar spine, which is now under review. On 1/26/2015, Utilization Review had non-certified a request for CT scan of the lumbar spine. The Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of the 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 (ODG): CT (computed tomography).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-305.

Decision rationale: The 1/26/15 Utilization Review letter states the CT scan of the lumbar spine requested on the 1/17/15 RFA was denied because an MRI was already authorized and is anticipated to show similar information. The 1/19/15 report states the CT scan was not received from several months ago. The 12/16/14 orthopedic report states the patient presents with neck and low back pain. Low back pain is 40% and 60% down the legs L > R. The patient has had prior lumbar fusion at L4/5 with intact hardware without lucency per 7/24/2014 CT scan. The physician recommends an MRI and another CT scan to evaluate fusion. There is no mention of progressive neurological deficits since the CT scan 5-months prior. There was no indication of the date of the surgical fusion. MTUS/ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12 "Low Back Complaints" under Special Studies and Diagnostic and Treatment Considerations, pg 303-305 states "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." The patient had a lumbar CT scan on 7/24/14, and the physician notes hardware intact on 12/16/14, but requests a repeat CT and an MRI. There are no progressive neurologic deficits or change in the radiating pain, or new trauma that would suggest the need for repeating the recent study. The request for the repeat CT scan of the lumbar spine IS NOT medically necessary.