

Case Number:	CM15-0040717		
Date Assigned:	03/10/2015	Date of Injury:	06/12/2012
Decision Date:	05/01/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/03/2015

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: 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 65 year old male who sustained a work related injury on June 12, 2012, incurred back injuries after a fall. He was diagnosed with lumbar disc disease. He underwent a lumbar spinal fusion. The injured worker also complained of knee pain. He underwent knee arthroscopic surgery. Treatment included physical therapy and pain management. Currently, the injured worker complained of severe pain in the left Para-spinal area after bending down at the grocery store. Treatment included trigger point injections and authorization for a Computed Tomography (CT) of the lumbar spine was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fine-Cut CT Scan of the Lumbar Spine including Sagittal and Axial Reconstructions:

Overtaken

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Low Back Chapter, CT (computed tomography).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) CT, indications for CT.

Decision rationale: The injured workers being treated for chronic low back pain following lumbar surgery with fusion. Records indicate that radicular symptoms in the lower limbs improved however there was persistent axial back pain. Treating physician notes 3/18/14 lumbar x-ray reveals pedicle screws are intact for L4-5 fusion. There is concern of lack of visualization for fusion progress. CT scan of the lumbar spine was subsequently requested to see if the fusion was solid. ODG guidelines provide very specific criteria for CT scanning indications; of which is to evaluate for successful fusion and plain x-rays do not confirm fusion. The case of this injured worker documentation indicates that the plain film did not confirm fusion. Request is medically necessary.