

Case Number:	CM15-0046485		
Date Assigned:	03/18/2015	Date of Injury:	10/17/2008
Decision Date:	04/24/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/10/2015

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: Preventive Medicine, Occupational 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 (IW) is a 56 year old male, who sustained an industrial injury on 10/17/2008. The details of the initial injury and a complete list of prior treatments were not submitted for this review. He is status post lumbar fusion, with removal of hardware and revision decompression with subsequent post surgical complication including a staph infection. The diagnoses have included lumbar radiculopathy. Currently, the IW complains of continued low back pain with radiation down to right leg into the foot associated with numbness. The physical examination from 2/20/15 documented. The medical records documented a history of returning pain and radicular symptoms post surgical complications with concern that the infection created a condition causing the return of pain. The plan of care included Computed Topography (CT) scan of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Computed Tomography Scan of the Lumbar Spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensations, Online Edition, Chapter: Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 297, 303, 304, 309. Decision based on Non-MTUS Citation American College of Radiology (ACR) Appropriateness Criteria for imaging Low Back Pain, Variant 3 and 5, Last update 2011.

Decision rationale: Computed tomography (CT) scanning is a technology that uses computer-processed X-rays to produce tomographic images (virtual 'slices') of specific areas of the scanned object, that is, it basically allows the user to see inside the object without cutting the object open. It can be used for both diagnostic and therapeutic purposes. MRI scans are medical imaging studies used in radiology to investigate the anatomy and physiology of the body in both healthy and diseased tissues. MRIs of the lower back are indicated in acute injuries with associated red flags, that is, signs and symptoms suggesting acutely compromised nerve tissue. In chronic situations, the indications rely more on a history of failure to improve with conservative therapies, the need for clarification of anatomy before surgery, or to identify potentially serious problems such as tumors or nerve root compromise. The provider has requested both a lumbar CT scan and a lumbar MRI scan. The guidelines from the American College of Radiology (ACR) recommend getting the MRI first, noting that a lumbar CT scan, with or without contrast, is useful if the MRI is indeterminate, contraindicated or unavailable and/or if the CT is needed for problem solving. This is the crux of the decision as the provider ordered both test simultaneously. Applying the best medical information as noted in the ACR guidelines the MRI should be performed first then, if the results are indeterminate or more information is needed for problem solving, doing the CT. Medical necessity for this procedure has not been established. The requested treatment is not medically necessary.