

Case Number:	CM15-0049122		
Date Assigned:	03/23/2015	Date of Injury:	02/06/2013
Decision Date:	05/06/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/16/2015

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 is a 41 year old male, who sustained an industrial injury on 2/6/2013. Diagnoses have included lumbar disc displacement and sprain of lumbar region. Treatment to date has included magnetic resonance imaging (MRI) of the lumbar spine, physical therapy and medication. The injured worker underwent anterior lumbar interbody fusion (ALIF) surgery on 4/1/2014. According to the Primary Treating Physician's Progress Report dated 2/2/2015, the injured worker complained of low back pain rated 5/10. Physical exam revealed tenderness of the lumbar spine with spasm. The treatment plan was for a computerized tomography (CT) scan to rule out pseudoarthrosis L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan lumbar spine to rule out pseudoarthritis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303-304.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-lumbar chapter.

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

Decision rationale: The MTUS states that 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. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. The medical record fails to document sufficient findings indicative of nerve root compromise which would warrant an CT of the lumbar spine. CT scan lumbar spine to rule out pseudoarthritis is not medically necessary.