

Case Number:	CM15-0055231		
Date Assigned:	03/30/2015	Date of Injury:	11/15/1998
Decision Date:	05/05/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/23/2015

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 48-year-old female, who sustained an industrial injury on November 15, 1998. She reported neck pain and back pain. The injured worker was diagnosed as having status post spine surgeries, sciatica, lumbar degenerative disc disease and degenerative joint disease and chronic pain syndrome. Treatment to date has included radiographic imaging, diagnostic studies, surgical interventions of the cervical and lumbar spines, physical therapy, TENS unit, heating pad, epidural injections, medications and work restrictions. Currently, the injured worker complains of neck pain and back pain with radiating pain and radiculopathy symptoms to the left arm. The injured worker reported an industrial injury in 1998, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on December 12, 2014, revealed continued pain. The plan included an updated computed tomography scan of the lumbar spine. Medications were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Scan without contrast Lumbar Spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official disability guidelines, low back chapter, CT scans.

Decision rationale: Based on the 01/28/15 progress report provided by treating physician, the patient presents with low back pain with persistent left L5 radiculopathy. The request is for CT scan without contrast lumbar spine. The patient is status post lumbar hemilaminectomy 1998 and lumbar fusion 2001. Patient's diagnosis per Request for Authorization form dated 02/19/15 includes back pain and neck pain. Diagnosis on 02/18/15 included sciatica, lumbar spine degenerative disc and joint disease, and chronic pain syndrome. Patient's medications include Baclofen, Dulcolax, Soma, Cymbalta, Duragesic, Norco, Percocet, Zantac and Restoril. Patient has returned to full-time work, per treater report dated 01/28/15. Regarding CT scans for the lumbar, American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) pg. 309, Back Chapter states the following on Table 12-8. Summary of Recommendations for Evaluating and Managing Low Back Complaints: Clinical Measure, Imaging: "Recommended: CT or MRI when cauda equina, tumor, infection, or fractures are strongly suspected and plain film radiographs are negative." ODG Guidelines under the low back chapters states that CT scans are not recommended, except for trauma and neurological deficits. CT scan are indicated when tumor, infection, or fracture are strongly suspected per ODG. Per progress report dated 01/28/15, treater states "patient feels that her pain has been persistent despite her non-operative care. I recommend a thorough evaluation of her spine fusions. I suspect that she may have an incomplete fusion and she may have stenosis above or below her prior fusion. Plan CT of the lumbar spine to evaluate nonunion. I suspect incomplete lumbar nonunion." CT scans are indicated when tumor, infection, or fracture are strongly suspected. However, physical examination to the lumbar spine on 02/18/15 revealed paraspinal spasm, 50% reduced range of motion, abnormal sensory exam and trigger points to L5, bilateral sciatic and iliac crest. Lumbar X-ray per treater report dated 01/28/15 revealed "intact hardware at L4-5; evidence of disc space narrowing at L3-4 with anterolisthesis; mild disc space narrowing at L5-S1." In this case, treater has documented neurological deficits and suspicion of segmental instability, nonunion and listhesis on X-ray. There is no evidence of prior lumbar CT. The request appears to be in accordance with guidelines. Therefore, the requested CT of the lumbar spine is medically necessary.