

Case Number:	CM15-0086511		
Date Assigned:	05/08/2015	Date of Injury:	12/05/2008
Decision Date:	06/11/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/05/2015

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, Pain Management

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 55-year-old female with an industrial injury dated 12/05/2008. Her diagnoses included lumbar spine multi-level degenerative disc disease, status post lumbar fusion at lumbar 4-5 and lumbar 5-sacral 1, post-operative vascular compromise of left leg culminating in above knee amputation, history of left shoulder strain, right knee strain secondary to compensatory overuse and possible non-union of lumbar spine fusion. Prior treatments included chiropractic treatment, physical therapy, occupational therapy, home attendant care, medications, surgery and durable medical equipment. The injured worker initially experienced a lumbar injury resulting in surgery. She developed vascular complications following the lumbar surgery resulting in above the knee amputation of the left leg. She experiences low back pain and phantom pain. She uses a wheelchair. Physical examination noted no change in examination of the low back or amputation stump of the left leg. Moderate medial and lateral joint line tenderness was present involving the right knee. The provider documents the injured worker relies on her medications in order to bear the pain and be able to carry out any activities of daily living or obtain any degree of restful sleep. Treatment plan consisted of computed axial tomography scan of the lumbosacral spine with reconstruction, pain management consultation (new), medications (Dilaudid), continue home attendant care 6 hours per day 6 days a week, occupational therapy home assessment recommendations to be initiated, gym membership extension requested, right knee arthroplasty, preoperative surgical authorization and clearance and follow up.

IMR ISSUES, DECISIONS AND RATIONALES

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

One CT scan with reconstruction of the lumbosacral spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & thoracic: CT (computed tomography). (2015).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, CT (computed tomography).

Decision rationale: Regarding the request for CT scan of the lumbar spine, CA MTUS states CT is recommended for patients with acute or subacute radicular pain syndrome that have failed to improve within 4 to 6 weeks and there is consideration for an epidural glucocorticoid injection or surgical discectomy. Official Disability Guidelines state CT is indicated for thoracic or lumbar spine trauma, myelopathy to evaluate pars defect not identified on plain x-rays, and to evaluate successful fusion if plain x-rays do not confirm fusion. Within the documentation available for review, there are no physical examination findings consistent with radicular pain syndrome that has failed to improve. There is no mention of trauma, myelopathy, or a recent fusion. In the absence of such documentation, the currently requested computed tomography (CT) scan of the lumbar spine is not medically necessary.