

Case Number:	CM15-0088316		
Date Assigned:	05/12/2015	Date of Injury:	08/05/2010
Decision Date:	06/18/2015	UR Denial Date:	04/04/2015
Priority:	Standard	Application Received:	05/07/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 63-year-old male who sustained an industrial injury on 08/05/2010. Diagnoses include right lower extremity sciatica, lower back pain and Grade I spondylolisthesis at L5-S1. Treatments to date include medications, physical therapy (PT), spinal injections and chiropractic care, which were all noted to be helpful. Notes dated 3/9/15 stated a nerve conduction study/EMG (electromyography) done on 2/25/15 revealed chronic lumbago with intermittent radicular symptoms. X-rays of the lumbar spine on 10/10/14 showed mild diffuse spondylosis, mild right convex thoracolumbar scoliosis and bilateral pars interarticularis defects of L5 with grade 2 L4-L5 anterior listhesis. According to the progress report dated 2/17/15, the IW reported low back pain, 3/10 to 9/10 and right leg radicular type sciatic pain, 3/10 to 7/10. On examination, there was mild tenderness to palpation midline at the lumbosacral junction. A request was made for a CT scan of the lumbar spine with contrast to assess bone quality for surgical planning.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan with contrast of the lumbar spine: Upheld

Claims Administrator 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 58, Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 46. 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 (radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy) 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.