

Case Number:	CM15-0089968		
Date Assigned:	05/14/2015	Date of Injury:	03/16/2012
Decision Date:	06/24/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/11/2015

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 40 year old male who sustained an industrial injury on March 16, 2012. Previous treatment includes medications, home exercise, and lumbar fusion. Currently the injured worker complains of low back pain with radiation of pain to the bilateral lower extremities with associated numbness and tingling. He rates the pain a 9 on a 10 point scale without medications and a 6 on a 10-point scale with medications. The injured worker notes that topical creams, patches and oral medications help decrease the pain and allow the injured worker to sleep longer. Diagnoses associated with the request include status post lumbar fusion, lumbosacral degenerative disc disease and lumbar spinal stenosis. The treatment plan includes CT of the lumbar spine, acupuncture and continued pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of the lumbar spine: Upheld

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): 360. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter/CT (Computed Tomography) Section.

Decision rationale: MTUS guidelines state 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. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). Per the Official Disability Guidelines, CT for the low back is not recommended except in rare instances. Magnetic resonance imaging has largely replaced computed tomography scanning in the noninvasive evaluation of patients with painful myelopathy because of superior soft tissue resolution and multiplanar capability. The new ACP/APS guideline as compared to the old AHCPR guideline is more forceful about the need to avoid specialized diagnostic imaging such as computed tomography (CT) without a clear rationale for doing so. A new meta-analysis of randomized trials finds no benefit to routine lumbar imaging (radiography, MRI, or CT) for low back pain without indications of serious underlying conditions, and recommends that clinicians should refrain from routine, immediate lumbar imaging in these patients. For suspected spine trauma (ie, fractures, lumbar or cervical), thin-section CT examination with multiplanar reconstructed images may be recommended. The available records reveal a negative lumbar x-ray series and no evidence of MRI. Additionally, there is no indication of lumbar spine trauma in the injured worker; therefore, the request for CT scan of the lumbar spine is determined to not be medically necessary.