MAXIMUS Federal Services

Case Number:	CM15-0232838		
Date Assigned:	12/08/2015	Date of Injury:	10/16/2001
Decision Date:	01/28/2016	UR Denial Date:	11/24/2015
Priority:	Standard	Application Received:	11/30/2015

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: Massachusetts
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 64 year old male, who sustained an industrial injury on 10-16-01. Medical records indicate that the injured worker is undergoing treatment for chronic low back pain, lumbar radiculopathy and a lumbar fusion with hardware removal. The injured workers current work status was not identified. On (10-14-15) the injured worker complained of chronic low back pain that radiated to the right lower extremity. Associated symptoms included numbness and tingling in the thigh. The pain is aggravated by standing, sitting, lying on his back and weather changes. The pain was rated 5 out of 10 on the visual analog scale. Examination of the lumbar spine revealed moderate bilateral paraspinal muscle tenderness to palpation. Range of motion was decreased and painful. Sensation was altered throughout the left lower extremity. A straight leg raise test was positive bilaterally, worse on the left. Treatment and evaluation to date has included medications, urine drug screen and Toradol injections. Current medications include Zohydro ER, Oxycodone IR, Horizant, Lisinopril and ibuprofen. Medications tried and failed include Gabapentin, Lyrica, Cymbalta and Tramadol. The current treatment requests are for a computed tomography scan of the lumbar spine and a computed tomography reconstruction (3D rendering with interpretation and reporting). The Utilization Review documentation dated 11-24-15 non-certified the requests for a computed tomography scan of the lumbar spine and a computed tomography reconstruction (3D rendering with interpretation and reporting).

IMR ISSUES, DECISIONS AND RATIONALES

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

CT lumbar spine Qty 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), CT (computed tomography).

Decision rationale: The claimant has a remote history of a work injury occurring in October 2001 when, while working on an elevator, a large concrete block fell on him. He underwent a multilevel lumbar fusion from L4 to the sacrum with subsequent hardware removal in February 2011. When seen in November 2015 he had been receiving pain management for the past year. He had worsening pain rated at 5-6/10. He was having radiating pain into the right thigh with numbness and weakness. Physical examination findings included equivocal straight leg raising. There was a slightly antalgic gait. There was lumbar tenderness with decreased range of motion. Femoral stretch testing was positive on the right side. Authorization was requested for imaging of the lumbar spine. Guidelines address the role of a CT scan of the lumbar spine with applicable criteria in this case including plain x-rays that do not confirm a successful fusion. In this case, there are no reported recent x-rays of the lumbar spine which could include flexion/extension views that would meet the criteria for obtaining the requested CT scan. The request cannot be medically necessary.

CT reconstruction (3D rendering with interpretation and reporting) Qty 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), CT (computed tomography).

Decision rationale: The claimant has a remote history of a work injury occurring in October 2001 when, while working on an elevator, a large concrete block fell on him. He underwent a multilevel lumbar fusion from L4 to the sacrum with subsequent hardware removal in February 2011. When seen in November 2015 he had been receiving pain management for the past year. He had worsening pain rated at 5-6/10. He was having radiating pain into the right thigh with numbness and weakness. Physical examination findings included equivocal straight leg raising. There was a slightly antalgic gait. There was lumbar tenderness with decreased range of motion. Femoral stretch testing was positive on the right side. Authorization was requested for imaging of the lumbar spine. Guidelines address the role of a CT scan of the lumbar spine with applicable criteria in this case including plain x-rays that do not confirm a successful fusion. In this case, there are no reported recent x-rays of the lumbar spine which could include flexion/extension views that would meet the criteria for obtaining the requested CT scan. The request cannot be medically necessary.