MAXIMUS Federal Services

Case Number:	CM15-0237182		
Date Assigned:	12/14/2015	Date of Injury:	10/22/1987
Decision Date:	01/15/2016	UR Denial Date:	11/18/2015
Priority:	Standard	Application Received:	12/04/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 58 year old male who sustained an industrial injury on 10-22-87. A review of the medical records indicates he is undergoing treatment for status post L3-4 posterior lumbar interbody fusion and L2-3 laminectomy with removal of old lumbar instrumentation on 1-14-14, multiple prior lumbar surgeries, most recently with L4-5 anterior lumbar interbody fusion with posterior instrumentation, post-laminectomy syndrome of the lumbar spine, lumbar stenosis, lumbosacral spondylosis, degeneration of the lumbar disc, lumbosacral radiculitis, and pain in limb. Medical records (6-4-15. 7-6-15, 8-3-15, 9-3-15, and 10-24-15) indicate ongoing complaints of low back pain that radiates to the lower extremities. He rates his pain "4 out of 10" with medications and "8 out of 10" without medications. The treating provider on 10-24-15 indicates "over the past year things have worsened considerably and he is having far more back pain, as well as now recurrent frequent right-sided sciatica involving the buttock, lateral thigh, and shin", as well as a "popping sensation" in the lumbar region. The provider indicates that Percocet "is doing a poor job controlling his pain." The physical exam (10-24-15) reveals that the injured worker is able to heel and toe walk, as well as squat and stand without assistance. Strength is noted to be "full throughout his lower extremities." Diagnostic studies have included an MRI of the lumbar spine on 7-30-15. Treatment has included bilateral L4-5 and L5-S1 facet injections x 2 and medications. His work status is noted to be "matter of record" (6-4-15, 7-6-15, 8-3-15, and 9-3-15). Treatment recommendations include lumbar x-rays and a lumbar CT scan "to evaluate the status of his fusion and to determine if there is any hardware loosening." The utilization review (11-18-15) includes a request for authorization of a CT scan of the lumbar spine. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT (computed tomography) scan, lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back, Lumbar & Thoracic (Acute & Chronic) - Computed tomography (CT).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter and pg 18.

Decision rationale: According to the guidelines, CT scan is indicated for successful fusion or defects if prior x-rays are not confirmatory. In this case, the claimant had a prior fusion. A recent MRI indicated instability in the lumbar spine. There was also Modic Type 1 changes in the endplate of L2-L3. As a result, the request for the CT scan is medically necessary and appropriate to evaluate the status of the fusion and a hardware compromise.