

Case Number:	CM14-0116404		
Date Assigned:	09/19/2014	Date of Injury:	06/21/2003
Decision Date:	10/24/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/23/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 52-year-old male who reported an injury on 06/21/2003 due to falling 3 to 4 feet while shutting a door on a truck. The injured worker complained of lower back pain that radiated to bilateral legs. Diagnosis included lumbar postlaminectomy syndrome, lumbar disc disorder, sacroiliac pain, lumbosacral disc degeneration, lumbar disc displacement, broken screw and fusion surgery. The prior diagnostics included a CT scan of the lumbar spine, dated 02/01/2012, that revealed no changes since fusion. The x-ray of the lumbar spine, dated 11/27/2013, revealed no evidence of complications of lower lumbar fusion, degenerative disc disease above the area of the fusion. The current medications included Norco 10/325 mg, Norco 10/325 mg, MS Contin CR 30 mg, Tetraderm, tizanidine, and Paxil. The injured worker rated his pain a 4/10 with medication and an 8/10 without medication using the VAS. Prior treatments included a spinal cord stimulator, physical therapy, chiropractic therapy, psychotherapy, and medications. The physical examination of the lumbar spine, dated 07/02/2014, revealed a surgical scar to the posterior spine, the range of motion was restricted with flexion limited at 50 degrees and extension limited at 15 degrees. On palpation of the paravertebral muscles, tenderness and tight muscle band was noted bilaterally. No spinous process tenderness was noted. The injured worker was unable to walk on heel or toes. Straight leg raising test was positive to the left in a sitting position at 10 degrees. Brudzinski's sign was negative. Tenderness noted along the spinal column over the surgical site. Motor testing was limited secondary to pain. Sensation examination revealed light touch sensation was patchy in distribution. The treatment plan included a CT with contrast to the lumbar spine. The Request for Authorization was not submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Scan with contrast (for the lumbar spine): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The California MTUS/ACOEM indicate 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, computed tomography [CT] for bony structures). The clinical notes did not indicate any objective findings that identified specific nerve compromise on the neurological examination. The x-ray, taken 11/2013, revealed no findings. As such, the request for CT Scan with contrast (for the lumbar spine) is not medically necessary and appropriate.