

Case Number:	CM14-0148847		
Date Assigned:	09/18/2014	Date of Injury:	08/17/2009
Decision Date:	10/17/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/12/2014

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 and Rehabilitation and is licensed to practice in California. 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 49-year-old male who reported an injury on 08/17/2009. The injury was reported to have occurred when he was driving a [REDACTED] truck and his seat was jolted to the floor due to bad shocks. The diagnoses included status post L4-5 instrumented fusion, instability with hypermobility at L4-5, left groin and left leg pain, and chronic low back pain. An MRI from 2013 was noted to suggest a herniation on the left at L4-5. An x-ray, dated 07/31/2014, including 4 views of the lumbar spine, revealed mild arthrosis in the left hip, interbody device, and a successful fusion at L5-S1, and increased annular motion at L4-5, suggestive of instability. The surgical history included a lumbar fusion at L4-5. The progress note, dated 07/31/2014, noted the injured worker complained of low back pain with left leg pain. The past treatments included acupuncture, pain management, and lumbar epidural injections after surgery. He was also noted to have undergone a spinal cord stimulator trial which did not improve his symptoms. The physical examination revealed a left leg antalgic gait; no discomfort with toe and heel walk; significantly limited range of motion with forward flexion to the mid-thigh and extension 25% of normal; pain with lumbar extension and rotation, lumbar palpation, and internal and external rotation of the left hip; discomfort over the SI joint and lumbosacral region; 1+ reflexes of the knees and ankles; grossly intact sensation; and good distal strength. The treatment plan requested a CT scan of the lumbar spine to evaluate the fusion at L5-S1, an MRI of the lumbar spine to rule out stenosis or herniation at the adjacent L4-5 level, electrodiagnostic studies of the back and bilateral lower extremities, an MRI of the left hip to rule out pathology as a source of the symptoms, and possibly additional injections to the left hip, the SI joint, or epidural injections to help diagnose where his symptoms are coming from. The physician further stated, "It appears that ENP may have been used during the surgery. This could lead to overgrowth of

bone, and therefore, the imaging studies as outlined above are indicated." The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 304, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Web, Low back pain

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309..

Decision rationale: The request for a CT of the lumbar spine is not medically necessary. The injured worker had low back pain with left leg pain. He had undergone a spinal fusion at L4-5 in 2011. An MRI noted to be from 2013 suggested herniation on the left at L4-5. An x-ray of the lumbar spine, dated 07/31/2014, noted a successful fusion at L5-S1 and increased annular motion with flexion and extension at L4-5. The California MTUS/ACOEM Guidelines recommend CT scans of the lumbar spine when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative, or CT myelography for preoperative planning if MRI is unavailable. MRIs are the test of choice for patients with prior back surgery. The physician requested a CT scan of the lumbar spine to evaluate the fusion at L5-S1. As the guidelines state, an MRI is the preferred choice for patients with previous back surgeries. An MRI of the lumbar spine was also requested to rule out stenosis or herniations in the adjacent L4-5 level. The radiographs noted instability at L4-5. There was no indication of significant change in the injured worker's condition. There was no rationale provided explaining the need for a CT scan over an MRI scan of the lumbar spine. There were no noted red flags or significant changes in condition to warrant a repeat MRI at this time. Given the previous, a CT scan of the lumbar spine is not indicated or supported at this time.