

Case Number:	CM14-0149419		
Date Assigned:	09/18/2014	Date of Injury:	08/30/2002
Decision Date:	10/30/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/15/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 58-year-old male with an 8/30/02 date of injury, and L3-L4 and L4-L5 lumbar decompression and fusion in 2011. At the time (8/28/14) of the Decision for CT lumbar spine without dye, there is documentation of subjective (low back pain) and objective (not specified) findings, imaging findings (CT of the lumbar spine (2/27/13) report revealed postoperative changes at L4-L4 and L4-L5, moderate right neural foraminal narrowing at L4-L5 due to bony ridging, and a 3mm posterior protrusion of the bone graft at L3-4 without central canal stenosis. The current diagnosis is sciatica. The treatment to date includes medications, physical therapy, and aquatic therapy. Medical reports identify that the requested lumbar CT is for hardware removal. There is no documentation of diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated.

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 without Dye: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Low Back AND Minnesota Rules, CT (computed tomography) and 5221.6100 Parameters for Medical Imaging

Decision rationale: MTUS reference to ACOEM Guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery, as criteria necessary to support the medical necessity of a CT. Official Disability Guidelines identifies documentation of lumbar spine trauma (with neurological deficit, or seat belt (chance) fracture); myelopathy (neurological deficit related to the spinal cord) traumatic or infectious disease patient); to evaluate pars defect not identified on plain x-rays; and to evaluate successful fusion if plain x-rays do not confirm fusion, as criteria necessary to support the medical necessity of CT scan of the lumbar spine. In addition, Official Disability Guidelines identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (such as: To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings) as criteria necessary to support the medical necessity of a repeat CT. Within the medical information available for review, there is documentation of a diagnosis of sciatica. In addition, there is documentation of a 2/7/13 CT of lumbar spine. However, despite documentation that the requested lumbar CT is for hardware removal, and given no documentation of a pending surgery that has been authorized/certified, there is no documentation of diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (to diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment, to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings). Therefore, based on guidelines and a review of the evidence, the request for CT of the lumbar spine without dye is not medically necessary.