MAXIMUS Federal Services

Case Number:	CM14-0181719		
Date Assigned:	11/06/2014	Date of Injury:	07/05/2011
Decision Date:	12/19/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/03/2014

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 Family Practice 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 patient is a 37-year-old male with a date of injury on July 5, 2011. He underwent circumferential reconstructive surgery of the L5-S1 on September 28, 2012. He was seen on September 3, 2014 at which time he reported overall improvement. Radicular symptoms involving the lower extremities had resolved. He has some activity-related back pain but this appeared to be different than the preoperative back pain. He was able to lose 16 pounds over the last 2 months. On examination neurological function of the lower extremities was without focal motor or sensory deficit. Deep tendon reflexes were rated at +1 and symmetrical. Post-surgical x-rays have documented evidence of appropriately placed interbody reconstruction of L5-S1. The posterolateral fusion mass at L5-S1 appears to be reduced. There appears to be a potential failure of incorporation of the posterolateral fusion mass. The adjacent levels cephalad to L5-S1 appear to be well-balanced and preserved. There is no evidence of any failure of his pedicle screws. There is no lucency at the screw/bone interface. The patient was diagnosed with status post reconstructive surgery of the lumbar spine with residual lower back pain, rule out pseudoarthrosis. CT scan with coronal and sagittal reconstruction of the lumbar spine was requested for further diagnostic evaluation for a pseudoarthrosis. The physician notes that given the patient's large body weight of approximately 306 pounds, it is difficult to completely evaluate the presence or absence of his posterolateral arthrodesis or that of his interbody arthrodesis at L5-S1. The CT scan will provide information to potentially rule out the development of pseudoarthrosis.UR dated 10/24/14 non-certified the requested imaging study as the medical records did not reveal any evidence of significant motor, neurological, or sensory deficit. It was also noted that the patient does not meet ODG's criteria for CT scan.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, CT (computed tomogrpahy)

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

Decision rationale: The patient is status post circumferential reconstructive surgery of the L5-S1 on September 28, 2012. Post-operative plain film radiographs have indicated the possibility of pseudoarthrosis. Given the concern for pseudoarthrosis and given the patient's larger body habitus, a CT scan to rule out pseudoarthrosis is opined to be medically necessary.