

Case Number:	CM14-0182575		
Date Assigned:	11/07/2014	Date of Injury:	04/02/2001
Decision Date:	12/15/2014	UR Denial Date:	10/14/2014
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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 66-year-old male with a date of injury of 04/02/2001. The listed diagnosis is lumbar spondylosis. According to progress report, 10/01/2014, the patient is status post L3 to L4 fusion on 01/17/2010. Treater states the patient has had "few recent studies done which showed some ongoing stenosis at L3 to L4 and the potential for pseudarthrosis." The treater would like to obtain additional studies including CT scan as well as x-rays of the lumbar spine to "evaluate this issue." Treater states the patient was last seen 5 years ago. There is no physical examination noted. Monthly progress reports from 01/07/2014 through 07/10/2014 provide no physical examination. The rest of the reports are from 2013. This is a request for CT scan of the lumbar spine and x-ray of the lumbar spine. Utilization review denied the request on 10/14/2014. Treatment reports from 02/01/2013 through 10/01/2014 were provided for review.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 59. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, CT scans

Decision rationale: This patient presents with chronic low back pain and is status post L3 to L4 fusion on 01/17/2013. The requesting physician, in a letter dated 10/01/2014 noted that the patient has not been seen for 5 years, and states that there are recent studies "that revealed evidence of ongoing stenosis at L3 to L4 and a potential for pseudoarthrosis." He would like a CT scan and x-ray of the lumbar spine to further investigate. Review of the medical file indicates the patient underwent x-ray of the lumbar spine on 02/18/2010, 03/03/2011, 05/03/2011, and 01/24/2012. Patient also had MRI of the lumbar spine on 03/12/2013 and 04/30/2013. ACOEM Guidelines page 309 states under CT, recommendation is made when cauda equina, tumor, infection, or fracture is strongly suspected and plain film radiographs are negative. ODG Guidelines under the low back section states that CT scans are not recommended, except for trauma with neurological deficits. CT scans are indicated when tumor, infection, or fracture are strongly suspected. In this case, the patient has had multiple imagings following his fusion on 01/17/2010. The treater provides no physical examination. It is unclear why further imaging is being requested. Given there is no concern of tumor, infection, or fracture. The requested CT scan of the lumbar spine is not medically necessary and recommendation is for denial.

X-ray of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 308. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic)

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

Decision rationale: This patient presents with chronic low back pain. The requesting physician, in a letter dated 10/01/2014 noted that the patient has not been seen for 5 years, and states that there are recent studies "that revealed evidence of ongoing stenosis at L3 to L4 and a potential for pseudoarthrosis." He is requesting an x-ray of the L-spine for further evaluation. Review of the medical file indicates the patient underwent x-ray of the lumbar spine on 02/18/2010, 03/03/2011, 05/03/2011, and 01/24/2012. Patient also had MRI of the lumbar spine on 03/12/2013 and 04/30/2013. For special diagnostics, ACOEM Guidelines page 303 states "unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." In this case, there are no discussions of new injuries, or concerns of bowel/bladder symptoms, or new location of symptoms that would require additional investigation. The requested repeat X-ray of the lumbar spine is not medically necessary and recommendation is for denial. In this case, there are no discussions of new injuries, or concerns of bowel/bladder symptoms, or new location of symptoms that would require additional

investigation. The requested repeat X-ray of the lumbar spine is not medically necessary and recommendation is for denial.