

Case Number:	CM14-0090468		
Date Assigned:	08/01/2014	Date of Injury:	01/04/1996
Decision Date:	09/16/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/16/2014

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 Nevada. 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 records, presented for review indicate that this 59-year-old individual was reportedly injured on 1/4/1996. The mechanism of injury was not listed. The most recent progress note, dated 1/10/2014, indicated that there were ongoing complaints of low back pain that radiated in the bilateral lower extremities. The physical examination demonstrated lumbar spine positive tenderness to palpation directly over the screw hardware. There was ability to palpate both sets of screws directly through the patient's skin, which caused pain. Neurological exam demonstrated some motor power of 4+/5 in the left anterior tibialis, which has improved. Diagnostic imaging studies included a CT scan of the lumbar spine, dated 4/2/2013, which revealed postsurgical changes. Vertebrae were well aligned but showed no evidence of fusion from L4 through the upper sacrum as described above. There was mention of a secondary CT scan, dated July 2013, which revealed L4-L5 and L5-S1 fusion and L2-L3 disc bulge, with mild defacement of the thecal sac, which was mentioned in the utilization review. Treatment included lumbar fusion, previous hardware injection, medications, and conservative treatment. A request had been made for CT scan of the lumbar spine and hardware injection and was not certified in the pre-authorization process on 6/10/2014.

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, 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG -TWC/ODG Integrated Treatment/Disability Duration Guidelines; Low Back - Lumbar and Thoracic (Acute & Chronic) - Computed Tomography (updated 08/22/14).

Decision rationale: The ODG supports the use of a CT for certain conditions to include spinal trauma, tumor, infection, fracture or new neurological deficit as well as for the evaluation of a pars defect not identified on plain radiographs, evaluate successful fusion if plain radiographs inconclusive, and clarification of anatomy prior to surgery. Repeat CT is not routinely recommended. A review of the available medical records fails to indicate the required guideline criteria for a repeat a CT scan of the lumbar spine. According to documentation of the CT scan from July 2013, it revealed L4-L5 and L5-S1 lumbar fusion. As such, a repeat CT scan is not considered medically necessary.

Hardware Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Low Back; Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS; (Effective July 18, 2009) Page(s): 46 of 127.

Decision rationale: The MTUS Chronic Pain Guidelines support steroid injections when radiculopathy is documented on physical examination and corroborated by imaging and electrodiagnostic studies in individuals who have not improved with conservative care. Based on the clinical documentation provided, there is insufficient clinical evidence for a 2nd injection and that the proposed procedure meets the MTUS Guidelines. Specifically, there is no documentation of a previous benefit from initial injection. As such, the requested procedure is deemed not medically necessary.