MAXIMUS Federal Services

Case Number:	CM14-0098534		
Date Assigned:	07/28/2014	Date of Injury:	10/14/2008
Decision Date:	10/14/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/26/2014

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 Internal Medicine and is licensed to practice in District of Columbia and Virginia. 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:

This is a 64 year old patient who sustained injury on Oct 14 2008 [redacted] saw the patient on Feb 18 2014. He had ongoing issues with low back pain and developed numbness in his left foot which traveled to his knee. He had an x-ray which showed L2-L5 probable solid fusion and multilevel anterior osteophytes. He had EMG/NCV which showed bilateral S1 radiculopathy, acute right L3/4 radiculopathy and left L5/S1 radiculopathy. An MRI of the L spine showed residula anterolisthesis of L4 and noted an anterior discectomy. He was diagnosed with adjacent segment disease with spinal stenosis. He was instructed to have MRI of lumbar spine and follow up in six weeks. He was told to continue Motrin. [redacted] saw the patient on Apr 29 2014 for ongoing low back pain. The patient was instructed to start lidopro ointment and have CT and bone scan of the lower back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone Scan Lower Back - computed tomography(CT): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: Per ACOEM, CT is recommended for acute and sub-acute red flag conditions (Limited Evidence C). CT scans are recommended when cauda equina, tumor, infection or fracture is strongly suspected and plain film radiographs are negative. Per ODG, CT indications would be for the following: -thoracic spine trauma: equivocal or positive plain films; no neurologic deficit-thoracic spine trauma: with neurological deficit-lumbar spine trauma: trauma, neurological deficit-lumbar spine trauma: seat belt (chance) fracture-myelopathy (neurological deficit related to the spinal cord), traumatic-myelopathy, infectious disease patient-evaluate pars defect not identified on plain x-rays-evaluate successful fusion if plain x-rays do not confirm fusion(Laasonen 1989)Based on the clinical documentation provided and review of the guidelines above, this study is not medical necessary.