MAXIMUS Federal Services

Case Number:	CM14-0101109		
Date Assigned:	07/30/2014	Date of Injury:	07/27/2011
Decision Date:	04/23/2015	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 51 year old male, who sustained an industrial injury on July 27, 2011. He reported low back and neck pain. The injured worker was diagnosed as having lumbar spondylolisthesis; bilateral L5 pars defects, multilevel dis herniations of cervical spine, and thoracic disc herniations. Treatment to date has included medications, magnetic resonance imaging of the cervical spine, laboratory evaluations, and home exercise program. On February 28, 2014, he was seen for low back and neck pain. He indicates the low back pain to be sharp and give him intermittent bilateral lower extremity weakness. His pain is rated 9/10 on a pain scale. On April 25, 2014, he reports increased back pain and more difficulty with acitivites. He rates his pain as 9/10 on a pain scale. The treatment plan included: request for epidural steroid injections, a function capacity evaluation, continuation of home exercises, and continuation of Norco 10/325mg, Ondansetron 4mg, and Lidopro topical ointment and Terocin patches. On April 28, 2014, he was seen for a functional capacity evaluation. On June 6, 2014, he was seen for follow up of headaches, abdominal pain, and constipation. He indicates his headaches, abdominal pain and constipation are resolved. The request is for a computed tomography scan of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disabilities guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, CT Scan.

Decision rationale: Based on the 6/2/14 progress report provided by the treating physician, this patient presents with low back pain rated 9/10 with intermittent bilateral lower extremity weakness and occasional numbness, and neck pain rated 9/10. The treater has asked for CT SCAN LUMBAR SPINE but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient's current medications are Norco 10/325 6 tablets per day, Terocin patches, and Lidopro cream which help his pain per 6/2/14 report. The patient is s/p 5 visits of acupuncture with no improvement, and 25 chiropractic visits with some improvement per 6/2/14 report. The patient has ongoing low back pain and neck pain, with unchanged, persistent symptoms and increased difficulties with activities of daily living per 6/2/14 report. The 1/17/14 reports shows a straight leg raise which provokes low back pain only. The patient has not had prior CT scans of the lumbar spine per review of reports dated 12/6/13 to 6/2/14. The patient has not had any surgeries to the lumbar spine per review of reports. The patient's work status is permanent and stationery; the patient is not currently working, and last worked in 2011. Regarding CT scans for the lumbar, American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) pg. 309, Back Chapter states the following on Table 12-8. Summary of Recommendations for Evaluating and Managing Low Back Complaints: Clinical Measure, Imaging: "Recommended: CT or MRI when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative." ODG Guidelines under the low back chapters states that CT scans are not recommended, except for trauma and neurological deficits. CT scan are indicated when tumor, infection, or fracture are strongly suspected per ODG.The treater does not discuss this request in the reports provided. ACOEM does not recommend a CT scan of the lumbar unless cauda equina, tumor, infection or fracture are suspected and with negative X-rays. ODG does not recommend CT scan of the lumbar spine unless there is lumbar spine trauma with neurologic deficit, or seat belt trauma with chance of fracture. This patient does have a diagnosis of spondylolisthesis at L4-5 and L5-S1 with bilateral L5 pars defects, and is s/p head injury. There is no evidence, however, that a surgery is being planned, or that there is segmental instability with listhesis. As the patient does not present with any of the conditions indicated for a CT scan, the request IS NOT medically necessary.