

Case Number:	CM14-0164857		
Date Assigned:	10/09/2014	Date of Injury:	05/19/1998
Decision Date:	03/17/2015	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/07/2014

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 64-year-old male, with a reported date of injury of 05/19/1998. The diagnoses include failed lumbar surgery, lumbar disc herniation, chronic low back pain, and status post posterior fusion at L3-4 and L4-5. Treatments have included a spinal cord stimulator placement 11/23/11, and topical pain medication. The progress report dated 09/22/2014 indicates that the injured worker had low back pain radiating down his right leg. The objective findings included marked loss of thoracolumbar range of motion, paralumbar tenderness from L2 to L5-S1, right sacroiliac and trochanteric tenderness, and some lumbar spasm. The treating physician requested a computerized tomography (CT) scan of the lumbar spine, since the injured worker could not have an MRI scan because of the spinal cord stimulator. On 09/29/2014, Utilization Review (UR) denied the request for a computerized tomography (CT) scan of the lumbar spine, as an outpatient. The UR physician noted that there was no documentation of subjective complaints of radiculopathy and there were no neurologic findings on examination to clarify the need for the requested treatment. The ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-<https://www.acoempracguides.org/> Low Back; Table 2, Summary of Recommendations, Low Back Disorders

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Low Back ? Lumbar & Thoracic: CT (computed tomography)

Decision rationale: The California MTUS ACOEM guidelines support the use of imaging when unequivocal objective findings identify specific nerve compromise on the neurologic exam. Indiscriminate imaging is not recommended. The Official Disability Guidelines support the use of a CT scan for evaluation of thoracolumbar trauma, myelopathy, pars defects, and fusion, if plain x-rays do not confirm fusion. Guideline criteria have not been met. There is no current rationale presented for the request for CT scan. There is no current exam evidence of recent trauma, a neurologic deficit, or worsening signs/symptoms indicative of significant pathology. Therefore, this request for computerized tomography (CT) scan of the lumbar spine is not medically necessary at this time.