

Case Number:	CM15-0001054		
Date Assigned:	01/13/2015	Date of Injury:	10/02/2011
Decision Date:	04/03/2015	UR Denial Date:	12/25/2014
Priority:	Standard	Application Received:	01/05/2015

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: Family Practice

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 30 year old male, who sustained an industrial injury on 10/02/2011. He has reported low back pain and slowly improving left leg pain with no significant changes from previous exam. The diagnoses have included spondylolisthesis stabilized anteriorly at L5-S1, worsening neuroforaminal stenosis, radiculopathy and radiculitis in the left lower extremity, and right-sided radiculitis, completely resolved. Treatment to date has included an anterior lumbar fusion, complete decompression discectomy and foraminotomy at the L5-S1 level (02/26/2013), physical therapy, medications management, and pain management injections. Diagnostic testing has included imaging of the lumbar spine via CT scan and x-rays. Currently, the IW complains of slight worsening of low back pain and left leg pain. Previous x-rays of the lumbar spine (05/19/2014) showed an anterior lumbar interbody fusion at the L5-S1 level with a 4-5 mm of anterolisthesis without significant changes with dynamic positioning, and a 2 mm degenerative retrolisthesis of the L4-L5 with mild disc height loss reducing to zero in flexion. The previous CT scan (05/30/2014) showed a grossly stable appearance of the previous fusion with grade I anterolisthesis at L5-S1 with broad based disc bulging and hypertrophic degenerative changes, suggestive moderately severe central canal narrowing with moderate neural foraminal narrowing, and mild retrolisthesis with circumferential disc bulge, mild hypertrophic degenerative changes, mild central canal narrowing and neural foraminal narrowing at the L4 level. On 12/23/2014, Utilization Review non-certified a request for a CT scan of the lumbar spine without dye, noting only a mild increase in symptoms since previous CT scan of the lumbar spine (05/30/2014), and the lack of evidence of why the previous CT scan is no longer adequate to evaluate a mild

clinical change. The MTUS and ACOEM Guidelines were cited. On 01/05/2015, the injured worker submitted an application for IMR for review of CT of the lumbar spine without dye.

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): 309.

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

Decision rationale: According to guidelines it states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause. According to medical records there is no indication as to why a CT is needed and thus is not medically necessary.