

Case Number:	CM15-0019551		
Date Assigned:	02/09/2015	Date of Injury:	01/10/2013
Decision Date:	03/31/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/02/2015

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: Arizona, Texas
 Certification(s)/Specialty: Internal Medicine

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 35 year old male, who sustained an industrial injury on 1/01/2013. On 2/2/15, the injured worker submitted an application for IMR for review of CT Lumbar Spine without Contrast, and Lumbosacral Orthotics Purchase. The treating provider has reported the injured worker complained of persistent right sided pain lumbar region, failed lumbar fusion. The diagnoses have included lumbar radiculitis/sciatica, status post lumbar spine fusion, tendinitis right ankle, right ankle sprain/strain, possible anterior tibiofibular ligament tear. Treatment to date has included status post lumbar fusion with aggressive laminectomy L3-L4 to S1 (2/26/13, Revision of lumbar fusion laminectomy L3-L4 to S1, medication), x-rays, CT scan, lumbar epidural steroid injection (6/26/14). On 1/21/15 Utilization Review non-certified CT Lumbar Spine without Contrast, and Lumbosacral Orthotics Purchase. The MTUS and ODG Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Lumbar Spine Without Contrast: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-304.

Decision rationale: According to the ACOEM criteria for ordering an MRI or CT for cervical or lumbar pain is emergence of a red flag (suspicion of a tumor, infection, fracture or dislocation), physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, clarification of the anatomy prior to an invasive procedure. When the neurologic exam is not definitive further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Such information can be obtained by an EMG or NCS. In this case the primary treating physician does not document a neurological exam consistent with significant dysfunction that would indicate a red flag. There is no surgical intervention planned and the injured worker is not participating in a strengthening program. An MRI of the cervical or lumbar spine is not medically necessary. In this case the office visit dated 1/16/15 notes a physical exam without any neurological deficits and the patient does not have any red flag symptoms. Follow up x-ray of spine was unremarkable.

Lumbosacral Orthotics Purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Back Brace, Post Operative

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 301.

Decision rationale: Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Furthermore according to the ODG there is not good evidence to support using a post-operative lumbar brace. In this case the patient is s/p lumbar surgery with hardware removal. Use of an LS orthotics is not medically necessary due to the lack of supporting evidence.