

Case Number:	CM15-0115329		
Date Assigned:	06/23/2015	Date of Injury:	10/22/2013
Decision Date:	07/24/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/15/2015

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: Preventive Medicine, Occupational 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:

This is a 33 year old male with an October 22, 2013 date of injury. A progress note dated April 17, 2015 documents subjective complaints (lower back is doing better; only mild pain in general), objective findings (normal range of motion; sensations normal; normal deep tendon reflexes), and current diagnoses (lumbosacral spondylosis; radiculopathy; adjustment disorder with mixed anxiety and depressed mood; insomnia due to a medical condition; spondylolisthesis). Treatments to date have included medications, chiropractic treatment, physical therapy, home exercise, and imaging studies. The treating physician requested authorization 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 for the lumbar spine: 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) , 2015 online version.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter/CT (computed tomography) Section.

Decision rationale: The MTUS Guidelines recommend the use of CT for preoperative planning as an option if MRI is not available. Per ODG guidelines, lumbar CT is not recommended except for indications below. Magnetic resonance imaging has largely replaced computed tomography scanning in the noninvasive evaluation of patients with painful myelopathy because of superior soft tissue resolution and multiplanar capability. The new ACP/APS guideline as compared to the old AHCPR guideline is more forceful about the need to avoid specialized diagnostic imaging such as computed tomography (CT) without a clear rationale for doing so. A new meta-analysis of randomized trials finds no benefit to routine lumbar imaging (radiography, MRI, or CT) for low back pain without indications of serious underlying conditions, and recommends that clinicians should refrain from routine, immediate lumbar imaging in these patients. Primary care physicians are making a significant amount of inappropriate referrals for CT and MRI, according to new research published in the Journal of the American College of Radiology. There were high rates of inappropriate examinations for spinal CTs (53%), and for spinal MRIs (35%), including lumbar spine MRI for acute back pain without conservative therapy. For suspected spine trauma (ie, fractures, lumbar or cervical), thin-section CT examination with multiplanar reconstructed images may be recommended. Image software post-processing capabilities of CT, including multiplanar reconstructions and 3-dimensional display (3D), further enhance the value of CT imaging for reconstructive trauma surgeons. Indications for imaging - Computed tomography: 1) Thoracic spine trauma: equivocal or positive plain films, no neurological deficit 2) Thoracic spine trauma: with neurological deficit 3) Lumbar spine trauma: trauma, neurological deficit 4) Lumbar spine trauma: seat belt (chance) fracture 5) Myelopathy (neurological deficit related to the spinal cord), traumatic 6) Myelopathy, infectious disease patient 7) Evaluate pars defect not identified on plain x-rays 8) Evaluate successful fusion if plain x-rays do not confirm fusion. In this case, the injured worker had a recent MRI of the lumbar spine and there have been no changes in signs and symptoms or acute episodes of re-injury to warrant additional studies. The request for CT for the lumbar spine is not medically necessary.