

Case Number:	CM15-0119076		
Date Assigned:	06/29/2015	Date of Injury:	09/26/2012
Decision Date:	07/28/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/19/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 September 26, 2012. He has reported low back pain that radiates to the left lower extremity and has been diagnosed with disc herniations, L4-5 and L5-S1, with lumbar instability, status post ALDF L4-S1, chronic pain syndrome, and possible nonunion. Treatment has included a home exercise program, surgery, medical imaging, medications, and physical therapy. There was a slight antalgic gait. There was minimal lumbar tenderness. There was decreased range of motion by 10%. MRI of the lumbar spine dated September 21, 2013 revealed complete collapse at L4-5 and L5-S1 with discogenic sclerosis, NPH L4-5 and L5-S1. The treatment request included CT of the lumbar with reconstruction to assess fusion. The progress report dated May 13, 2015 documents numerous x-rays since July 2013 identifying stable fusion with no lucencies.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT of the lumbar with reconstruction: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298. Decision based on Non-MTUS Citation X Official Disability Guidelines (ODG) Low Back, CT (computed tomography).

Decision rationale: Regarding the request for CT scan of the lumbar spine, CA MTUS states CT is recommended for patients with acute or subacute radicular pain syndrome that have failed to improve within 4 to 6 weeks and there is consideration for an epidural glucocorticoid injection or surgical discectomy. Official Disability Guidelines state CT is indicated for thoracic or lumbar spine trauma, myelopathy to evaluate pars defect not identified on plain x-rays, and to evaluate successful fusion if plain x-rays do not confirm fusion. Within the documentation available for review, it appears there have been repeated imaging studies identifying fusion with no signs of instability. Additionally, there is no documentation of increased pain and symptoms, or objective findings, which would suggest a new problem with the previous fusion. No red flags have been identified. As such, the currently requested computed tomography (CT) scan of the lumbar spine is not medically necessary.