

Case Number:	CM15-0123632		
Date Assigned:	07/08/2015	Date of Injury:	06/10/2004
Decision Date:	08/04/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/26/2015

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:

The injured worker is a 51 year old male, who sustained an industrial injury on 6/10/2004. He reported cumulative injury to the low back including feeling a pop and acute low back pain from a lifting activity with progressive worsening to include left foot drop and a slip and fall resulting in a new onset of right foot drop. Diagnoses include post laminectomy syndrome; status post two lumbar fusion surgeries, chronic radiculopathy, mononeuropathy, bilateral foot drop, and status post peroneal nerve release. Treatments to date include anti-inflammatory, NSAID, Narcotic, physical therapy, aquatic therapy, psychotherapy, and epidural steroid injections. The medical records included results of a lumbar spine CT dated 8/6/14, that documented "solid bony union at L4-L5, S1, but cannot confirm solid bony union at L3-4" and a disc bulge noted to have progressed since prior examination. There was report of an MRI of the lumbar spine dated 12/29/14 obtained after a fall that occurred during an attempt to transfer with no acute findings documented. Currently, he complained of increasing low back pain at the lumbosacral junction with the knees giving out intermittently and ongoing lower extremity weakness. On 5/12/15, the physical examination documented tenderness to palpation just below the incision site at the lumbosacral junction. The provider documented a CT scan was required to better donate the bony anatomy and determine appropriate treatments. The plan of care included a CT 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 (Computed Tomography) scan of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 59.

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/Myelography.

Decision rationale: The MTUS Guidelines recommend the use of CT myelography for preoperative planning as an option if MRI is not available. Per ODG guidelines, CT (computed tomography) myelography is not recommended except for selected indications below, when MR imaging cannot be performed, or in addition to MRI. Myelography and CT Myelography have largely been superseded by the development of high resolution CT and magnetic resonance imaging (MRI), but there remain the selected indications below for these procedures, when MR imaging cannot be performed, or in addition to MRI. ODG Criteria for Myelography and CT Myelography: 1. Demonstration of the site of a cerebrospinal fluid leak (post lumbar puncture headache, post spinal surgery headache, rhinorrhea, or otorrhea). 2. Surgical planning, especially in regard to the nerve roots; a myelogram can show whether surgical treatment is promising in a given case and, if it is, can help in planning surgery. 3. Radiation therapy planning, for tumors involving the bony spine, meninges, nerve roots or spinal cord. 4. Diagnostic evaluation of spinal or basal cisternae disease, and infection involving the bony spine, intervertebral discs, meninges and surrounding soft tissues, or inflammation of the arachnoid membrane that covers the spinal cord. 5. Poor correlation of physical findings with MRI studies. 6. Use of MRI precluded because of: a. Claustrophobia b. Technical issues, e.g., patient size c. Safety reasons, e.g., pacemaker d. Surgical hardware. In this case, the injured worker does not meet the above conditions that warrant the use of CT. The injured worker had an MRI and x-rays of the low back in December, 2014 after a fall. Although the patient remains in pain a year post lumbar fusion, a CT is not warranted so soon after an MRI that revealed no new abnormality. The request for CT (Computed Tomography) scan of the lumbar spine is determined to not be medically necessary.