

Case Number:	CM15-0126811		
Date Assigned:	07/13/2015	Date of Injury:	06/29/1999
Decision Date:	08/13/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/30/2015

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: Texas, 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:

This is a 66-year-old male patient who sustained an industrial injury on 6/29/99. He sustained the injury due to a fall on his hip. Diagnoses include lumbar disc displacement, status post anterior and posterior fusion; failed back syndrome; bilateral knee pain, rule out meniscal tear; headaches and psychological issues; 3-4 millimeter disc bulge at L4-5. Per the doctor's note dated 5/8/2015, he had complaints of low back pain. The physical exam of the lumbar spine revealed tenderness, decreased range of motion, 4/5 strength and decreased light touch sensation in bilateral legs. Per the doctor's note dated 3/17/2015, he had complaints of low back pain with radiation into bilateral legs with a pain level of 4/10; left knee pain (4/10); bilateral hip pain (4/10). Medication and rest help with the pain. The physical exam of the lumbar spine revealed tenderness in the midline and paraspinal musculature with limited range of motion, straight leg raise on the left lower extremity in the sitting position was 70 degrees, decreased strength bilaterally at L4-5. The medication list includes Tramadol. He has had multiple diagnostics studies including MRI of the lumbar spine dated 1/27/15 which revealed disc desiccation, disc bulge, bilateral facet arthropathy and facet disease; computed tomography of the lumbar spine dated 9/2/05 which revealed status post fusions at L5-S1, posterior disk protrusion; electromyography /nerve conduction study left lower extremity dated 10/21/14 which revealed left chronic L5 radiculopathy. He has undergone lumbar fusion in 2006. He has had physical therapy visits for this injury. On 5/13/15, the treating provider's plan of care included a request for computed tomography of the lumbar spine with a diagnosis of lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of lumbar spine without dye: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309, Table 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - CT (computed tomography).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back (updated 07/17/15) CT (computed tomography).

Decision rationale: CT scan of lumbar spine without dye. Per the cited guidelines "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 (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures)." In addition per the ODG guidelines lumbar CT is "Not recommended except for indications," "lumbar spine trauma, with neurological deficit, with seat belt fracture; myelopathy traumatic, infectious disease patient; evaluate pars not identified by plain X-rays." Per the records provided he has had multiple diagnostics studies including MRI of the lumbar spine dated 1/27/15 which revealed disc desiccation, disc bulge, bilateral facet arthropathy and facet disease; computed tomography of the lumbar spine dated 9/2/05 which revealed status post fusions at L5- S1, posterior disk protrusion; electromyography /nerve conduction study left lower extremity dated 10/21/14 which revealed left chronic L5 radiculopathy. A significant change in the patient's condition since the last MRI that would require a lumbar CT is not specified in the records provided. The patient does not have signs or symptoms of progressive neurological deficits. The history or physical exam findings do not indicate pathology including cancer, infection, or other red flags. The prior conservative therapy notes and response to the therapy sessions are not specified in the records provided. Recent reports of X-rays of the lumbar spine are not specified in the records provided. The medical necessity of the CT scan of lumbar spine without dye is not fully established for this patient now. Therefore, the request is not medically necessary.