

Case Number:	CM15-0148696		
Date Assigned:	08/11/2015	Date of Injury:	08/29/2012
Decision Date:	10/09/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/31/2015

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: Montana

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 52 year old female order filler at a pharmaceutical company, who sustained an industrial injury on 8-29-12. She has reported initial complaints of a low back injury related to repetitive lifting. The diagnoses have included spondylolisthesis, acute low back pain, history of spine surgery status post L5-S1 fusion and pulmonary embolism. Treatment to date has included medications, activity modifications, surgery, physical therapy, Functional Capacity Evaluation (FCE), spinal stimulator and other modalities. The physician progress note dated 6-25-15, documents ongoing complaint of low back pain. The diagnostic testing that was performed included computerized axial tomography (CT scan) of the lumbar spine dated 3-10-15 that reveals spondylolisthesis status post fusion, degenerative disc disease (DDD), and disc bulging. The objective exam reveals that the lumbar range of motion is decreased in all planes, the lumbar incision is well healed, and there is tenderness to palpation of the paraspinal muscles. The work status is temporarily totally disabled. The physician requested treatment included repeat computerized axial tomography (CT scan) of the Lumbar Spine to ensure that the fusion is progressing.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Lumbar Spine: Overturned

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, CT (computed tomography).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, CT (computed tomography).

Decision rationale: The MTUS does not specifically address post-operative CT scans for evaluation of surgical outcomes. The ODG guidelines note that the indications for imaging via Computed tomography include: Thoracic spine trauma: equivocal or positive plain films, no neurological deficit, Thoracic spine trauma: with neurological deficit, Lumbar spine trauma: trauma, neurological deficit, Lumbar spine trauma: seat belt (chance) fracture- Myelopathy (neurological deficit related to the spinal cord), traumatic- Myelopathy, infectious disease patient, Evaluate pars defect not identified on plain x-rays, Evaluate successful fusion if plain x-rays do not confirm fusion (Laasonen, 1989) In this case lumbar X-rays on 2/13/15 showed good position of hardware but it was difficult to see the fusion. A lumbar CT on 3/10/15 showed that the fusion was not solid with some radiolucency. In view of the delayed fusion the treating physician has requested another CT to help define whether the fusion has progressed and required further treatment, which might include additional surgery. Since X-rays have been unable to confirm the fusion, the request for CT Lumbar Spine is consistent with the ODG guidelines and is medically necessary.