

Case Number:	CM15-0177507		
Date Assigned:	09/18/2015	Date of Injury:	11/29/2008
Decision Date:	10/21/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/09/2015

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: North Carolina
 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:

The injured worker is a 65 year old male, who sustained an industrial injury on 11-29-2008. The injured worker was diagnosed as having discogenic lumbar condition and chronic pain syndrome. Treatment to date has included diagnostics, lumbar spinal surgeries, physical therapy, and medications. On 7-15-2015, the injured worker complained of ongoing low back pain and "significant" pain down the left lower extremity, noting continued pain, numbness, and tingling into the foot. A computerized tomography was recommended to evaluate for bony anatomy, non-certified by Utilization Review on 7-27-2015. Currently (8-17-2015), the injured worker complains of intermittent low back pain, along with left leg numbness and tingling. Objective findings noted tenderness along the lumbar paraspinal muscles, pain along the facets, and pain with facet loading. Magnetic resonance imaging of the lumbar spine (3-02-2015) showed L2-3, L3-4, L4-5, and L5-S1 laminectomies and discectomies with disc grafts fixated in normal position and bilateral L1, L3 and S1 pedicle screw and rod fixation all in normal alignment with patent central canal, L3 pedicle old screw sites noted with the left screw site oriented along the inner margin of the left pedicle at L3-4, 2.3x1.5x0.6 cm loculated fluid collection extending from the left laminar defect along the left side of the spinal canal and into the left neural foramen with moderate foraminal narrowing, and L1-2 mild disc bulge, facet arthropathy and slight retrolisthesis causing mild bilateral foraminal narrowing. Repeat magnetic resonance imaging of the lumbar spine (8-26-2015) noted an impression that there may be stenosis of the left L2-3 and left L3-4 neural foramina and there also appeared to be a synovial cyst involving the left aspect of the L3-4 thecal sac and pedicle. X-ray of the lumbar spine with flexion and extension (3-25-

2015) showed multilevel degenerative changes, status post posterior fusion at L2-5, and no evidence of ligamentous instability on flexion-extension images. X-ray of the pelvis (3-25-2015) showed no evidence of fracture or dislocation. He was prescribed Cymbalta for depression, Ultracet for pain, Tramadol ER, Gabapentin for neuropathic pain, Protonix for stomach upset, and Lunesta for insomnia. It was documented that "Norco has been discontinued temporarily as his last drug screen was negative." He was currently not working. The treatment plan included computerized tomography of the lumbar spine in light of previous bony fusion to evaluate for bony changes post-operatively, non-certified by Utilization Review on 9-02-2015.

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, per 8/17/15 order qty 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The ACOEM chapter on low back complaints and special diagnostic studies states: Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging inpatients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. 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, computed tomography [CT] for bony structures). Relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion (false positive test results) because of the possibility of identifying a finding that was present before symptoms began and therefore has no temporal association with the symptoms. Techniques vary in their abilities to define abnormalities (Table 12-7). Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Because the overall false-positive rate is 30% for imaging studies in patients over age 30 who do not have symptoms, the risk of diagnostic confusion is great. There is no recorded presence of emerging red flags on the physical exam. There is evidence of nerve compromise on physical exam but there is not mention of consideration for surgery or complete failure of conservative therapy. For these reasons, criteria for imaging as defined above per the ACOEM have not been met. Therefore the request is not medically necessary.