

Case Number:	CM15-0020877		
Date Assigned:	06/24/2015	Date of Injury:	09/05/2012
Decision Date:	07/20/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	02/04/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This 43 year old man sustained an industrial injury on 9/5/2012. The mechanism of injury is not detailed. Evaluations include lumbar spine MRI dated 10/25/2012. Diagnoses include low back pain. Treatment has included oral medications and lumbar spine epidural steroid injection. Physician notes dated 12/2/2014 show complaints of lumbar spine pain. Recommendations include lumbar spine MRI lumbosacral CT scan, and follow up after the exams are performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Scan of the Lumbar Spine: 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), Low Back - Lumbar and Thoracic (Acute and Chronic) (updated 11/21/14), CT (Computed Tomography).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CT (computed tomography) <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines, Computed Tomography: Not recommended except for indications below for CT. (Slebus, 1988) (Bigos, 1999) (ACR, 2000) (Airaksinen, 2006) (Chou, 2007) Magnetic resonance imaging has largely replaced computed tomography scanning in the noninvasive evaluation of patients with painful myelopathy because of superior soft tissue resolution and multiplanar capability. (Seidenwurm, 2000) The new ACP/APS guideline as compared to the old AHCPR guideline is more forceful about the need to avoid specialized diagnostic imaging such as computed tomography (CT) without a clear rationale for doing so. (Shekelle, 2008) A new meta-analysis of randomized trials finds no benefit to routine lumbar imaging (radiography, MRI, or CT) for low back pain without indications of serious underlying conditions, and recommends that clinicians should refrain from routine, immediate lumbar imaging in these patients. (Chou-Lancet, 2009) Primary care physicians are making a significant amount of inappropriate referrals for CT and MRI, according to new research published in the Journal of the American College of Radiology. There were high rates of inappropriate examinations for spinal CTs (53%), and for spinal MRIs (35%), including lumbar spine MRI for acute back pain without conservative therapy. (Lehnert, 2010) For suspected spine trauma (ie, fractures, lumbar or cervical), thin-section CT examination with multiplanar reconstructed images may be recommended. Image software post processing capabilities of CT, including multiplanar reconstructions and 3-dimensional display (3D), further enhance the value of CT imaging for reconstructive trauma surgeons. (Daffner, 2009) Indications for imaging -- Computed tomography: (1) Thoracic spine trauma: equivocal or positive plain films, no neurological deficit (2) Thoracic spine trauma: with neurological deficit (3) Lumbar spine trauma: trauma, neurological deficit (4) Lumbar spine trauma: seat belt (chance) fracture (5) Myelopathy (neurological deficit related to the spinal cord), traumatic (6) Myelopathy, infectious disease patient (7) Evaluate pars defect not identified on plain x-rays (8) Evaluate successful fusion if plain x-rays do not confirm fusion (Laasonen, 1989) There is no evidence in this case of recent lumbar trauma or a neurological deficit including signs of myelopathy or spine infection. Therefore, the request for CT Scan of the Lumbar Spine is not medically necessary.