

Case Number:	CM13-0020685		
Date Assigned:	10/11/2013	Date of Injury:	04/20/2008
Decision Date:	04/09/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	09/05/2013

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. The expert reviewer is Board Certified in Fellowship trained in Spine Surgery and is licensed to practice in Texas and California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 61 year old female who reported an injury on 04/20/2008. The mechanism of injury is not specifically stated. The patient is currently diagnosed with cervical disc syndrome, bilateral shoulder rotator cuff syndrome, bilateral shoulder partial tear of the rotator cuff, right shoulder type II impingement syndrome, status post arthroscopy with type II impingement, status post lumbar spine surgery x2, low back pain, and low back syndrome. The patient was recently seen on 08/19/2013. The patient reported persistent neck pain, bilateral upper extremity pain, low back pain, and radiation to bilateral lower extremities. The patient was 2 weeks status post lumbar spine surgery. The patient was reportedly clear to start postoperative physical therapy after reviewing a CT scan. Physical examination revealed 5/5 motor strength in bilateral lower extremities. Treatment recommendations included postoperative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 CT SCAN OF THE LUMBAR SPINE ON 8/1/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: California MTUS/ACOEM Practice Guidelines state 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, including CT scan for bony structure. As per the documentation submitted, the patient underwent a CT scan of the lumbar spine on 08/16/2012. It was again noted on 06/03/2013 by Dr. [REDACTED], the patient's updated CT scan from 05/2013 was reviewed with the patient. The medical necessity for an additional CT scan of the lumbar spine has not been established. The patient's physical examination does not reveal any significant musculoskeletal or neurological deficit. Based on the clinical information received, the request is non-certified