

Case Number:	CM13-0028863		
Date Assigned:	01/10/2014	Date of Injury:	12/03/2001
Decision Date:	04/15/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/21/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in 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:

This female patient sustained an injury on 12/3/01 while employed by the [REDACTED]. Request under consideration include a CT Scan Lumbar Spine. Report of 10/1/12 from the provider noted patient with complaints of neck pain rated at 10/10 without medications and 4-8/10 with medications. The patient is s/p SCS implant in 2010. Medications listed Ativan, Protonix, Oxycontin, Adderall, and Kadian. Diagnoses included carpal tunnel release; cervical radiculopathy; and cervical degeneration of intervertebral disc. The patient had medicatins refilled with plan to continue home exercise program and she remained Permanent and stationary. Report of 9/6/13 noted chief complaints of neck pain. The patient has chronic severe cervical pain due to degenerative joint and disc disease with history of complex regional pain syndrome type of the bilateral upper extremities. Pain scale without medications is 10/10 and 4-8 with medications. Current medicatins listed Kadian, Oxycontin, Adderall, Protonix, Diclofenac, Tizanidine, Omeprazole, and Senna. Exam of the lumbar spine noted normal palpation and tenderness; gait normal; decreased DTRs in upper and lower extremities throughout but equal; no report of sensory or motor deficits in lower extremities. Treatment included CT scan of cervical and lumbar spine as requested by another provider and to proceed with IT pump implant. Request for CT scan of the lumbar spine was non-certified on 9/9/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT SCAN LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, CT & CT Myelography (computed tomography), pages 383-384

Decision rationale: Per ACOEM Treatment Guidelines for Low Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, pages 303-305 states Criteria for ordering imaging studies such as the requested CT scan of the Lumbar Spine include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the CT scan of the Lumbar spine nor document any specific clinical findings to support this imaging study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The CT scan of the Lumbar Spine is not medically necessary and appropriate.