

Case Number:	CM13-0036716		
Date Assigned:	12/13/2013	Date of Injury:	11/16/2010
Decision Date:	02/11/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 physician 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 37 year-old male with an 11/16/10 industrial injury. He has various diagnoses regarding the lower back including: lumbar spondylosis, pain, s/p surgery x2, fusion with hardware, myofascial pain, possible multiple sclerosis, neuritis/radiculitis. One of the surgeries was in 2008 and one was in 2010.

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: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine and the Official Disability Guidelines

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

Decision rationale: The 8/27/13 report from [REDACTED] notes history of prior lumbar surgery x2 with hardware. The exam shows positive Hoffmans and clonus in the legs, SLR was positive at 45 degrees bilaterally. Prior EMG (8 months prior) was reported to show bilateral L5/S1 radiculopathy, but there was quadriceps/L4 findings on the left, and should have been right L5,

left L4 and left S1. On 12/3/13, [REDACTED] notes [REDACTED] is considering surgery. The California MTUS/ACOEM recommends special studies to rule out red-flags. Progressive neurological deficit is a red flag. The prior electrodiagnostic study showed radicular symptoms and the current evaluation shows upper tract signs possible myelopathy or multiple sclerosis. The request for a lumbar CT appears to be in accordance with MTUS/ACOEM topics.