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| Case Number: | CM13-0038083 | | |
| Date Assigned: | 12/18/2013 | Date of Injury: | 06/23/1997 |
| Decision Date: | 02/21/2014 | UR Denial Date: | 09/27/2013 |
| Priority: | Standard | Application Received: | 10/24/2013 |

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 and is licensed to practice in Illinois 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 40-year-old female who reported injury on 05/23/1997. The mechanism of injury was not provided. The patient was noted to have degenerative joint disease of the lumbar spine with radiculopathy affecting the lower extremities. Objectively, the physician noted the patient should have CTs done annually and was noted to be in so grave degeneration that the patient had failed 3 prior surgeries. The diagnoses were noted to be failed back surgery x 3 and lumbar myofascial pain. The request was made for a CT scan for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Scan for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

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

Decision rationale: ACOEM Guidelines indicate that a CT scan is reserved for patients who have physiologic evidence of tissue insult or nerve impairment and when there is a need to visualize boney structures. Clinical documentation submitted for review fails to provide a

thorough objective physical examination to support the request. Given the above, the request for CT scan of the lumbar spine is not medically necessary and appropriate.