

Case Number:	CM13-0039761		
Date Assigned:	01/03/2014	Date of Injury:	02/07/2013
Decision Date:	06/30/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/09/2013

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 & 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 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 injured worker is a 63 year old male who reported an injury on 02/07/2013 of pulled lower back. The injured worker has a history of lower back pain that radiates numbness and tingling down right interior thigh, extending to the knee. On physical examination the injured worker had negative straight leg raise, decreased flexion, 5/5 strength, mild tenderness to palpation, and no focal neurological deficits. The injured worker had a diagnosis of lower back pain. Diagnostic studies include MRI of the lower back revealing large protruding disc fragment at the L2-3 level. Documentation provided reveals 9 sessions of physical therapy that was effective. Self-treatment of ice, heat, and home exercise have shown to be moderately effective along with naproxen sodium 550 mg one tablet two times daily, flexeril 10 mg one tablet before bed as needed, tramadol 50 mg 1-2 tablets every 4-6 hours as needed for pain, that had documented effectiveness. Treatment plan: CT scan of lower back.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPUTED TOMOGRAPHY (CT SCAN), LUMBAR SPINE WITHOUT CONTRAST MATERIAL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

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

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) Guidelines recommend that physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. 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 (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). The documentation provided reveals the injured worker had a MRI completed on 10/01/2013 with abnormal finding. Documentation also reveals the injured worker complains of numbness and tingling radiating down the right lower extremity. The self-treatment of ice, heat, and home exercise was shown to be effective, along with current medication regimen. In addition, there was a lack of neurological deficits on physical examination to warrant an imaging study. As such, the request for a CT scan of the lumbar spine is not medically necessary.