

Case Number:	CM13-0040720		
Date Assigned:	12/20/2013	Date of Injury:	09/15/2010
Decision Date:	02/18/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/17/2013

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 Maryland, Illinois, Indiana and Texas. 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 50 year old female who reported an injury on 09/15/2010. Mechanism of injury was not provided for review. The documentation provided outlined a course of therapy in 10/2012 for lower extremity cellulitis that failed to respond to outpatient treatment. The patient had an inpatient stay due to inability to manage the patient's cellulitis on an outpatient basis due to psychiatric overlay and chronic regional pain syndrome. She was treated with an extended course of IV antibiotics and released to home health care. No recent clinical notes were submitted for review following this incident.

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 and left hip: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis Chapter, CT (computed tomography).

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) Hip and Pelvis Chapter, CT (computed tomography).

Decision rationale: The requested CT scan for the lumbar spine and left hip are not medically necessary or appropriate. There was no recent clinical documentation to support the need for a CT scan of the lumbar spine and left hip. American College of Occupational and Environmental Medicine recommend imaging studies of the lumbar spine when there are documented neurological deficits. As there is no documentation to determine whether the patient has any neurological deficits that would benefit from a diagnostic study, a CT scan would not be indicated. Additionally, Official Disability Guidelines recommend imaging study of the left hip for patients with red flag conditions, traumatic injuries, or chronic pain recalcitrant to conservative treatments. The clinical documentation submitted for review did not include any recent evidence of deficits that would benefit from further diagnostic studies. Therefore, a scan of the left hip would not be indicated. As such, the requested CT scan for the lumbar spine and left hip are not medically necessary or appropriate.