

Case Number:	CM13-0041366		
Date Assigned:	12/20/2013	Date of Injury:	06/22/2013
Decision Date:	02/04/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/14/2013

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, 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 53-year-old female who reported an injury on 06/22/2013. The mechanism of injury was repetitive lifting and pulling. The subsequent diagnosis was a thoracic sprain/strain and lumbar radiculopathy. Her initial course of treatment included x-rays and MRIs of the neck and head as well as medications. During the patient's ER visit for her initial injury, she was noted to have received a CT scan of the brain, which was normal, and a CT scan of the cervical spine, which showed no fracture with focal degenerative changes at the left C3-4 facet. The patient was discharged with an unknown dose of Flexeril to be taken every 8 hours, an unknown dose and frequency of an unspecified thyroid medication, and naproxen 500 mg 3 times daily. The patient was diagnosed with closed head trauma, cervical strain, and syncope at that time. According to the note dated 08/08/2013, the patient's current lumbar complaints included constant low back pain located in the tailbone that radiated to the buttocks and bilateral lower extremities. The patient's pain was reported to be anywhere between a 7/10 and 10/10 on the VAS. The patient stated that her pain was relieved by rest and medications and exacerbated by stress, sleep, weather changes, exercise, coughing, sneezing, standing for greater than 20 minutes, walking for greater than 5 minutes, bending, stooping, twisting, squatting, overhead work, lifting or carrying, pushing and pulling and sitting for greater than 20 minutes. In all of the recent clinical notes provided for review, it is noted that the patient is in too much pain to withstand a physical examination. Therefore, there have been no objective findings to support her subjective complaints of radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan Lumbar Spine non contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The California MTUS/ACOEM Guidelines state Imaging studies should be reserved for cases in which surgery is considered or red flag diagnoses are being evaluated. Although guidelines recommend CT in identifying disc protrusions or spinal stenosis, there have been no physical examination findings to indicate that these diagnoses might be the cause of the patient's current back pain. The last physical examination that the patient allowed a physician to perform was done on 06/23/2013, while she was in the hospital. At that time, there were no findings of muscle weakness, reflex deficits, or sensory deficits. Until the patient will allow a thorough physical examination to be performed in order to objectively identify any neurologic deficits, a CT is not indicated. As such, the request for a CT scan to the lumbar spine without contrast is non-certified.