

Case Number:	CM13-0043558		
Date Assigned:	03/28/2014	Date of Injury:	06/15/2000
Decision Date:	05/23/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	10/23/2013

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 Orthopedic Surgery 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 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 claimant is a 55-year-old gentleman who was injured 06/15/00 sustaining injury to the low back. Clinical progress report dated 10/15/13 indicated ongoing complaints of pain about the low back with intermittent pain and numbness to the left greater than right lower extremity. Reviewed at that time was a previous CT scan of the lumbar spine from October 2011 that showed diffuse degenerative changes with multilevel broad based disc protrusions and previous fusion that was noted to be well healed at the L3-4, L4-5 and prior laminectomy changes at L5-S1. Current physical examination findings showed difficulty with sitting with tenderness to the paralumbar musculature and an antalgic gait pattern but no indication of focal motor sensory reflexive change. Claimant's current diagnosis was that of chronic low back pain status post prior fusion with myofascial pain component. Repeat CT scan was recommended for further diagnostic testing given the claimant's ongoing complaints. He is noted to be status post a prior spinal cord stimulator placement, also indicating that he needs a battery exchange for his functional unit at that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEW CT OF LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 287.

Decision rationale: Based on California ACOEM guidelines in regards to imaging for the lumbar spine, the specific request in this case would not be indicated. The claimant is being treated chronically with a spinal cord stimulator status post multilevel fusion procedure. He is with documentation of a previous CT scan from 2011 demonstrating solid fusion at all surgical levels. The specific request for repeat CT scan in absence of change in clinical symptoms or findings would not be indicated.