

Case Number:	CM13-0046610		
Date Assigned:	12/27/2013	Date of Injury:	11/07/2009
Decision Date:	02/28/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	10/31/2013

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 & Rehabilitation 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 52 -year-old female who reported an injury on 11/07/2009 the mechanism of injury was not provided for review. The patient ultimately developed postlaminectomy syndrome of the lumbar spine with intractable back pain radiating into the bilateral lower extremities. The patient underwent a spinal cord stimulator trial followed by implantation that provided 80% to 90% pain relief of the lower extremities and 55% relief of the patient's lower back. Patient previously had a lumbar MRI in 08/2011 that reported a compromise right S1 nerve root with incomplete fusion. The patient's most recent clinical evaluation revealed an increase in right foot numbness and pain. The patient's diagnoses included lumbago, lumbosacral radiculitis, postlaminectomy syndrome, and therapeutic drug monitoring. The patient's treatment plan included continuation of conservative of treatment to include home exercise program, moist heat, stretches, medication usage and a CT scan.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Minnesota Rules)

Decision rationale: The requested CT scan for the lumbar spine is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine does recommend the use of an imaging study when a patient has progressive neurological symptoms that are unresponsive to conservative treatments. Although it is noted within the documentation that the patient is urged to continue a home exercise program, it is clearly indicated within the documentation that the patient is not exercising. As the patient is not currently participating in any type of active therapy and the clinical documentation clearly reflects that medication provides the patient adequate relief to participate in activities of daily living, the need for an imaging study is not supported. Official Disability Guidelines do not recommend repeat imaging unless there is progressive neurological deficit or a significant change in the patient's pathology. Though the patient has developed numbness of the right foot there is no indication that this is considered a neurological deficit. As such, the requested CT scan of the lumbar spine is not medically necessary or appropriate.