

Case Number:	CM13-0049897		
Date Assigned:	12/27/2013	Date of Injury:	04/14/1998
Decision Date:	11/12/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/08/2013

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 Surgeon and is licensed to practice in 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 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 47 year old female who reported an injury on 04/14/1998. The mechanism of injury was not found in the provided documentation. She is diagnosed with late stage complex regional pain syndrome with weakness and contracture of left upper extremity and left lower extremity, status post spinal cord stimulator implant, and generator site pain. The past treatments include medication and a spinal cord stimulator. On 10/07/2013, the injured worker complained of left upper extremity pain and left lower extremity pain. She stated her pain is a 5-6/10 on the pain scale. The injured worker stated that the cervical spinal cord stimulator relieves about 50% of the pain in the upper extremity but does not capture any of the pain in the left lower extremity. She stated that this pain has been more bothersome and severe as of late. Upon physical examination, the injured worker had some tenderness to palpation throughout the cervical, thoracic, and lumbar spine. There was tenderness over the right buttock generator site. There was excessive movement of the generator within the pocket. She had marked weakness, contracture, and atrophy in a non-dermatomal distribution of the left upper and left lower extremity. The clinical note showed that the injured worker had been taking Soma 350mg once daily as needed, Ambien CR 12.5mg at bedtime as needed, Norco 5/325mg three times a day as needed, Lidocaine patches 5% 12 hours on/off, Zofran 8mg three times a day as needed, Lidocaine topical cream 5% three times a day as needed, Prevacid 30mg once daily as needed, Ibuprofen 800mg three times a day as needed, and OxyContin 30mg twice a day. Request received for CT scan of the lumbar spine. The rationale for the treatment plan is to evaluate her persistent spine pain. Request for Authorization form received on 10/22/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT SCAN OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, CT (Computed Tomography).

Decision rationale: The request for CT scan of the lumbar spine is not medically necessary. The California MTUS and ACOEM guidelines did not address this issue. The Official Disability Guidelines states that a CT is not recommended unless there is trauma or neurological deficit to the lumbar spine and/or seat belt (chance) fracture. CT scans have been largely replaced by MRI because of the superior soft tissue resolution and multilane capability. For suspected spine trauma, a thin-section CT examination may be recommended. The injured worker did have marked weakness, contracture, and atrophy in a non-dermatomal distribution of the left upper and left lower extremity. There was no quantifiable documentation to show that the injured worker had any neurological deficits, to include, reflexes, straight leg raise, motor strength or decreased sensation. Therefore, the request for a CT scan of the lumbar spine is not medically necessary.