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| Case Number: | CM13-0053421 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 10/16/2001 |
| Decision Date: | 03/11/2014 | UR Denial Date: | 11/14/2013 |
| Priority: | Standard | Application Received: | 11/18/2013 |

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 pain management, has a subspecialty in interventional spine 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:

This is a 37 year-old female who was injured on 10/16/2001. She has been diagnosed with failed spinal surgery syndrome with chronic intractable lumbosacral spinal pain and radiculopathy. The IMR application shows a dispute with the 11/14/13 UR decision. The 11/14/13 UR letter is from [REDACTED] and recommends authorization for a CT scan of the lumbar spine from 11/14/13 through 12/31/13.

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: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 303-305.

Decision rationale: The request before me is for "The decision for a CT scan of a lumbar spine". Most of the time these IMR reviews are for items that were denied by UR. In this case, the 11/14/13 UR report approved the lumbar CT scan. I agree with the UR decision that it should be approved in accordance with MTUS/ACOEM guidelines.