MAXIMUS Federal Services

Case Number:	CM13-0059131		
Date Assigned:	04/25/2014	Date of Injury:	03/16/2013
Decision Date:	07/07/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/14/2013

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 Orthopedic Surgeon and is licensed to practice in Arizona. 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 patient is a 36-year-old male who sustained an injury to his back on March 16, 2013. He was lifting a heavy tray on his right shoulder and felt sudden pain in his lower back which gradually began to radiate down his right leg. He complains of numbness and tingling also radiating down to his right foot. He was given a Medrol Dosepak which gave him no relief. An MRI of the lumbar spine done on April 29, 2013 reported a small right paracentral disc protrusion at L4-L5 with narrowing of the lateral recess on the right and minimal foraminal narrowing on the left. There was minimal disc desiccation and disc bulge at L4-L5 and L5-S1. The patient had limitation of spinal mobility and a positive straight leg raise on the right. There was some weakness of the extensor hallucis longus. Electromyography (EMG) and nerve conduction studies revealed a slight L5 radiculopathy with 20-30% denervation. On August 8, 2013, the patient had bilateral transforaminal epidural steroid injection at L4-5 with only 10% improvement. On September 3, 2013 because of the poor pain relief with the epidural injection, consideration was given to a possible microdiscectomy and fusion. A discogram was ordered since the MRI showed such minimal changes. A request for a follow-up CT scan was also made in order to assess the annular disruption.

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): 308-310.

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

Decision rationale: This CT scan was ordered in conjunction with the discogram in order to visualize the morphology of the disc. In this case, there is no indication for either on plain film or MR scan that there is any bony structure pathology for which a CT scan would be indicated. Therefore, the medical necessity of CT scans of the lumbar spine is not established and the requested CT scan is not medically necessary or appropriate.