

Case Number:	CM13-0061743		
Date Assigned:	12/30/2013	Date of Injury:	03/01/2002
Decision Date:	04/07/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/05/2013

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 and Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine 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 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 62-year-old female who reported an injury on 03/16/2002. The mechanism of injury was not provided for review. The patient underwent a CT scan of the lumbar spine in 06/2012 that documented there was L4-5 disc space narrowing with mild neural foraminal encroachment and mild central canal stenosis. It was also noted that the patient had disc space narrowing at the L5-S1 with a 1 mm to 2 mm disc bulge which caused mild neural foraminal encroachment. The patient's most recent clinical evaluation documented that the patient had restricted range of motion secondary to pain and a positive left-sided straight leg raising test. The patient's treatment plan included activity modifications, continued medication usage for pain control, and a CT scan of the lumbar spine.

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 Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines: Lumbar Chapter.

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 Chapter, CT (computed tomography).

Decision rationale: The requested CT scan of the lumbar spine is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient previously had a CT scan. Official Disability Guidelines do not recommend repeat imaging unless there is a significant change in the patient's pathology or evidence of progressive neurological deficits. The clinical documentation submitted for review does not provide evidence that the patient has progressive neurological deficits or any red flag conditions that would support the need for an additional imaging study. As such, the requested CT scan of the lumbar spine is not medically necessary or appropriate