

Case Number:	CM13-0061916		
Date Assigned:	01/08/2014	Date of Injury:	03/28/1992
Decision Date:	04/15/2014	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 an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, 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 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 55-year-old female with a date of injury on March 28, 1992. The mechanism of injury was a motor vehicle accident and the patient sustained a lumbar spine injury. The patient has had lumbar spine surgery and carries a diagnosis of failed back syndrome as well as multilevel lumbar disc weeks. The patient had electrodiagnostic testing which demonstrated chronic L5 and S1 bilateral lumbar radiculopathy without active denervation changes. The disputed issue is a current request for lumbar CAT scan. The utilization review determination on November 12, 2013 had noncertified a request for CAT scan of the lumbar spine without contrast. The stated rationale was that the patient had no significant change in signs or symptoms, which would warrant surgery for repeat examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST

MATERIAL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Low Back--CT (computed tomography)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, Chronic Pain Treatment Guidelines Page(s): 6.

Decision rationale: Section Â§ 9792. 23.5 Low Back Complaints of the California Code of Regulations, Title 8, page 6 states the following: "The Administrative Director adopts and incorporates by reference the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) into the MTUS from the ACOEM Practice Guidelines." ACOEM Chapter 12 supports imaging of the lumbar spine for: Red flag diagnoses where plain film radiographs are negative or unequivocal objective findings that identify specific nerve compromise on the neurologic examination that do not respond to treatment in patients who would consider surgery. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. (ACOEM Text, pages 303 and 304 and table 12-8). In the case of this injured worker, there is documentation of failed back surgery syndrome and chronic neurologic deficits. In electrodiagnostic study demonstrated chronic radiculopathy affecting the bilateral L5 and S1 nerve roots. Physical examination performed as far back as August 15, 2010 documented that the patient has sensory deficits especially with numbness in the left 4th and 5th toes in the dorsal and plantar aspects of the lateral foot. There was also mild weakness of the left gastrocnemius muscle groups. Lumbar spine range of motion was limited. The progress note associated with a request for lumbar CAT scan is a note back pain management on date of service November 4, 2013. The low back pain severity is noted to be 7 out of 10. The musculoskeletal examination demonstrates tenderness on palpation of the lumbar spine. Motor examination demonstrates no motor weakness and deep tendon reflexes are well preserved. Sensory testing of the lower extremities was not performed in this test. Given this documented physical examination, there are no objective signs of worsening neurologic status to warrant a repeat imaging at this time. This request is recommended for noncertification.