

Case Number:	CM13-0065924		
Date Assigned:	01/03/2014	Date of Injury:	08/24/1998
Decision Date:	05/19/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/16/2013

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 & 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 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:

This is a 60 year-old male with a 8/24/1998 industrial injury claim. He has been diagnosed with lumbar degenerative disc disease. On 11/26/13, the Utilization Review (UR) reviewed an 11/12/13 medical report and recommended non-certification for a lumbar CT scan. Unfortunately, the 11/12/13 medical report was not provided for this IMR. The most recent report available for this IMR is dated 9/10/2013, and states the patient is frustrated with the insurance company. It states his back pain is exacerbated with extension and rotation, but neurologic function is intact. The diagnostic impression at that time was facet arthrosis.

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.

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

Decision rationale: There is limited information for this IMR. The Utilization Review (UR) reviewed the 11/12/13 medical report that apparently provided a rationale and request for a CT

scan of the lumbar spine. The 11/12/13 report was not provided for this IMR. The most recent report available for this IMR is dated 9/10/13, and there is no mention of any radicular symptoms, or any progressive neuropathic symptoms that would require a repeat imaging study. MTUS/ACOEM for lumbar imaging states: "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option" Based on the limited information provided for this IMR, there are findings of progressive neuropathic symptoms, and no specific nerve compromise was identified on the exam. The request is not in accordance with MTUS/ACOEM guidelines. Therefore, Computerized Tomography (CT) scan of the lumbar spine is not medically necessary and appropriate