

Case Number:	CM14-0001770		
Date Assigned:	01/22/2014	Date of Injury:	08/02/2001
Decision Date:	06/11/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/06/2014

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 Occupational Medicine, has a subspecialty in Emergency 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 claimant injured her low back on 08/02/01 and is status post surgery with post laminectomy syndrome and chronic pain. She saw [REDACTED] on 01/08/13 for low back and bilateral leg pain. She had started Tizanidine the previous month and it worked well and her sleep was improved. She was taking multiple medications which have been continued as of 12/13. She had left knee pain and was waiting for x-rays. She was diagnosed with radiculitis and radiculopathy and has a spinal cord stimulator. On 01/15/13, she had a psychiatric evaluation by [REDACTED]. She was diagnosed with major depression and adjustment disorder. On 02/19/13, she saw [REDACTED] again and the Lyrica was increased. Her physical examination was unchanged. The note dated 03/18/13 by [REDACTED] states she was using a dorsal column stimulator 24/7. She still had pain and a feeling of instability in the left knee and was using a cane for foot drop. On 04/15/13, PE revealed significant swelling of the left knee including the entire joint. She had decreased sensation in the left lateral thigh and dorsum of the left foot. She had similar findings on 05/14/13 and on 06/11/13. The medications were refilled and an MRI was requested for the left knee. On 08/06/13, her symptoms were stable and her findings were unchanged. She saw [REDACTED] on 09/07/13 and the industrial carrier had decided not to cover her medications. She had low back and left knee pain with decreased sensation and hypersensitivity to touch. She had limited range of motion of the knee. Her pain in her knee and back are relieved by the medication and the dorsal column stimulator. A CT scan was ordered on 12/11/13. There was no mention of a CT scan in the office notes that were submitted.

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 WITH CONTRAST, AS AN OUTPATIENT:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287.

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, CT Scan.

Decision rationale: The history and documentation do not objectively support the request for a CT scan of the lumbar spine with contrast at this time. The CA MTUS Postsurgical Treatment Guidelines do not address imaging studies but the ODG state CT scan may be recommended based on the following Indications for imaging -- Computed tomography (lumbar spine): - Lumbar spine trauma: trauma, neurological deficit - Lumbar spine trauma: seat belt (chance) fracture - Myelopathy (neurological deficit related to the spinal cord), traumatic - Myelopathy, infectious disease patient - Evaluate pars defect not identified on plain x-rays - Evaluate successful fusion if plain x-rays do not confirm fusion (Laasonen, 1989) There are no new or progressive focal neurologic deficits for which this type of imaging study appears to be indicated. There is no evidence that urgent or emergent surgery is under consideration. The specific indication for this study is not described in the records and none can be ascertained by review of the file. The medical notes do not mention this request other than in the RFA. The medical necessity of this request has not been clearly demonstrated. The CT scan of the lumbar spine with contrast is not medically necessary.