

Case Number:	CM14-0003896		
Date Assigned:	02/18/2014	Date of Injury:	01/16/1997
Decision Date:	08/04/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	01/10/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 61-year-old individual who was reportedly injured on January 16, 1997. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated December 6, 2013, indicates that there are ongoing complaints of upper back pain without radicular symptoms as well as low back pain and SI joint pain. Previous treatment has included an L3 and L4 decompression and lumbar fusion. Current medications include tramadol and hydrocodone. A recent computerized tomography scan dated, September 26, 2012 shows thoracolumbar scoliosis rods that are well positioned and L4 - L5 and L5 - S1 fusion cages appropriately seated. Other hardware also appear intact. A severe thoracolumbar scoliosis curve was present. There was no physical examination on this date or on the progress note a month prior. A request had been made for CT scan of the thoracic spine and lumbosacral junction to include the SI joints and was not certified in the pre-authorization process on December 11, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of the thoracic spine and lumbosacral junction to include the SI joints: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 - lumbar and thoracic, Computed tomography, Updated July 3, 2014.

Decision rationale: It is not stated in the medical record why a repeat computerized tomography (CT) of the thoracic and lumbar spine is needed when there was one completed a year prior to the request. There has been no recent trauma or progressive neurological deficit reported. Additionally a successful fusion was noted on the previous CT scan. For these reasons the request for a CT scan of the thoracic spine and lumbosacral junction to include the sacroiliac joints is not medically necessary.