

Case Number:	CM14-0108637		
Date Assigned:	08/01/2014	Date of Injury:	07/19/2011
Decision Date:	11/17/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/14/2014

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, 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:

The patient is a 40-year-old male with a date of injury of 07/19/2011. The listed diagnoses per [REDACTED] are: 1. Lumbar region post-laminectomy syndrome. 2. Aftercare surgery, musculoskeletal. 3. Disk degeneration/lumbar. 4. Myalgia, myositis. 5. Sprain/strain of sacrum. 6. Sprain/strain of lumbar. 7. Bursitis, hip region. According to progress report, 06/12/2014, the patient presents with a flare-up of left lumbosacral region pain. Examination revealed marked tenderness to palpation overlying the left posterior/superior iliac spine region. Palpation in this region produces symptomatology, which is elicits a twitch response and referred pain. There is significant myofascial trigger points noted. The treater explained to the patient that it is "not uncommon for postsurgical back patient to experience exasperations of pain." He was administered a Celestone injection. This is a request for CT scan of the lumbar spine without contrast. Utilization Review denied the request on 06/25/2014. The medical file provided for review includes 3 progress reports: 02/19/2014, 04/02/2014, and 06/12/2014. These reports do not discuss the requested CT scan.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT SCAN L-SPINE W/O CONTRAST: 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): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) under the low back section, CT scans

Decision rationale: This patient presents with a flare-up in low back pain. This is a request for CT scan of the lumbar spine without contrast. The medical file provided for review does not include the date of patient's prior lumbar surgery, and there is no discussion of the requested CT scan. Utilization reviewer denied the request stating that objective findings are "not clearly delineated." ACOEM Guidelines page 309 states under CT, recommendation is made when cauda equina, tumor, infection, or fracture is strongly suspected and plain film radiographs are negative. ODG Guidelines under the low back section states that CT scans are not recommended, except for trauma with neurological deficits. CT scans are indicated when tumor, infection, or fracture are strongly suspected. In this case, there are no such concerns expressed and the treater's rationale behind the request is not provided. CT Scan L-Spine without Contrast is not medically necessary.