

Case Number:	CM14-0011254		
Date Assigned:	02/21/2014	Date of Injury:	02/14/2012
Decision Date:	08/06/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/28/2014

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 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 53-year-old male patient with a 2/14/12 date of injury. A 1/3/14 progress report indicates persistent right shoulder, lower back and hip pain. Physical exam demonstrates limited right shoulder range of motion. A comprehensive lumbar spine or lower extremity physical exam was not conducted recently. The treatment to date has included physical therapy, medication, right shoulder arthroscopy on 10/10/14, left elbow surgery 11/18/10, left knee surgery 2007, left elbow epicondylar release on 6/6/08, right elbow surgery on 9/2/10, left knee surgery in 1985, left knee arthroscopy in 1997. There is documentation of a previous 1/21/14 adverse determination for lack of lumbar x-rays and lack of physical exam findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, CT.

Decision rationale: The CA MTUS states that, if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging (MRI) for neural or other soft tissue, computer tomography (CT) for bony structures). Indiscriminant imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. The Official Disability Guidelines (ODG) criteria for lumbar computed tomography (CT) include lumbar spine trauma with neurological deficit; or traumatic or infectious myelopathy; or to evaluate a pars defect not identified on plain x-rays; or to evaluate successful fusion if plain x-rays do not confirm fusion. However, there were no unequivocal objective findings that identify specific nerve compromise on a neurologic examination; recent medical reports did not assess the lumbar spine at all. There is no evidence of plain films. There is no rationale for CT as there is no previous surgery or suspicion for pars defects. Therefore, the request for a CT scan lumbar spine is not medically necessary.