

Case Number:	CM14-0018704		
Date Assigned:	04/18/2014	Date of Injury:	07/27/2002
Decision Date:	07/02/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/13/2014

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 Sports Medicine, and is licensed to practice in Texas. 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 33-year-old with an injury reported on July 27, 2002. The mechanism of injury is not provided in clinical documentation. The clinical note dated February 6, 2014, reported the injured worker complained of ongoing back pain radiating down to left leg causing numbness. Clinical note dated December 12, 2013 reported satisfactory sensory, motor and deep tendon reflexes per examination. The injured worker's diagnoses included severe lumbar pain, status-post L4-5 discectomy/laminectomy in 2004; and a L4-S1 fusion. The request for authorization was submitted on February 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT SCAN RECONSTRUCTED IN THE SAGITTAL AND CORONAL VIEWS (T12-S1):
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 59.

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

Decision rationale: The injured worker had ongoing pain in his back radiating down his left leg with numbness. It was noted that the injured worker takes multiple Norco tablets a day for his

pain. American College of Occupational and Environmental Medicine Guidelines state 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). According to the Official Disability Guidelines on CT (computed tomography) they are not recommended except for indications of thoracic spine trauma or positive plain films, with no neurological deficit. Thoracic spine trauma with neurological deficit. Lumbar spine trauma with neurological deficit. Lumbar spine trauma from seat belt (chance) fracture. Myelopathy (neurological deficit related to the spinal cord) trauma. Myelopathy, infectious disease. Evaluate pars defect not identified on plain x-rays and to evaluate successful fusion if plain x-rays do not confirm fusion. The injured worker is not documented on having any neurological deficits, infection or recent trauma. The request for a CT scan reconstructed in the sagittal and coronal views is not medically necessary or appropriate.