

Case Number:	CM14-0128870		
Date Assigned:	08/18/2014	Date of Injury:	06/16/1999
Decision Date:	09/23/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/13/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 71 year old female with date of injury 6/16/1999. The mechanism of injury is not stated in the available medical records. The patient has complained of low back pain with radiation of pain to the left lower extremity since date of injury. She is status post L5-S1 posterior fusion in 2002. She has also been treated with physical therapy and medications. Plain films of the lumbar spine performed in 03/2014 revealed findings consistent with an L5-S1 posterior fusion. Objective: decreased and painful range of motion of the lumbar spine, antalgic gait, positive straight leg raise on the left, decreased left patellar reflex, tenderness to palpation of the L4-S1 spinous processes. Diagnoses: degenerative disc disease lumbar spine, neuroforaminal stenosis L4-5, L5-S1. Treatment plan and request: CT scan of the Lumbar spine with follow up visit same day.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Scan lumbar spine with same day follow up as test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Integrated Treatment/Disability Duration Guidelines Low Back - Lumbar & Thoracic (Acute & Chronic) (Updated 07/03/14) Indications for imaging - Computed tomography.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low back complaints Page(s): 304.

Decision rationale: This patient has complained of low back pain with radiation of pain to the left lower extremity since date of injury 6/16/1999. She is status post L5-S1 posterior fusion in 2002 and has also been treated with physical therapy and medications. The available medical records show a request for CT of the lumbar spine without any new patient symptomatology, physical exam findings or rationale for the above requested testing. Per the MTUS guidelines cited above, radiographic imaging in the absence of documented worsening of symptoms and/ or in the absence of red flag symptoms is not indicated. Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, CT scan of the lumbar spine with follow up same day visit is not indicated as medically necessary.