

Case Number:	CM14-0131742		
Date Assigned:	08/20/2014	Date of Injury:	07/18/2009
Decision Date:	10/17/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/18/2014

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 38 year old with an injury date on 7/18/09. Patient complains of low lumbar pain with right > left radiating lower extremity pain down his posterior leg to his calf with associated numbness in his right foot and all his toes, and his left foot/big toe per 6/30/14 report. Patient reports 75% of his overall pain is in his low back, pain rated 5-6/10 and 25% of his pain is in his legs, pain rated 4-5/10 per 6/30/14 report. Based on the 6/30/14 progress report provided by [REDACTED] the diagnoses are 1. lumbago/sciatica 2. Failed back surgery syndrome 3. Degenerative disc disease L3, L4, L5, and S1 Exam on 6/30/14 showed "positive straight leg raise test on the right. Nontender along lumbar spine." 3/6/14 report stated patient could flex to his knees. [REDACTED] is requesting CT scan of lumbar spine. The utilization review determination being challenged is dated 7/18/14. [REDACTED] is the requesting provider, and he provided treatment reports from 3/6/14 to 6/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Scan of Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 309.

Decision rationale: This patient presents with lower back pain and bilateral leg pain and is s/p 2 Micro lumbar Discectomies at different levels in 2005 and 2012. The treater has asked for CT scan of lumbar spine on 6/30/14. Patient had a prior lumbar CT scan done in 2012 but no X-rays per 6/30/14 report. Regarding CT scans for the lumbar, ACOEM recommends when caudal equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. In this case, there is no evidence that patient has had lumbar X-rays taken, which ACOEM recommends before CT scans are done. The included reports do not mention any suspicion of caudal equina, tumor, infection or any other new symptoms that would necessitate a repeat CT scan. The patient had a CT scan in 2012 and the treater does not explain why another set of CT is needed. There does not appear to be any significant clinical changes to warrant another study. The requested CT scan of lumbar spine is not medically necessary at this time. Recommendation is for denial.