

Case Number:	CM14-0139998		
Date Assigned:	09/08/2014	Date of Injury:	05/25/2011
Decision Date:	10/30/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/28/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 65-year-old male with a 5/25/11 date of injury. At the time (7/8/14) of request for authorization for CT Scan of the Lumbar Spine, there is documentation of subjective (low back pain radiating to the hips and buttocks) and objective (tenderness to palpitation over the paralumbar muscles bilaterally with muscle spasms; tenderness to palpitation over the spinal process from L1-L5; sacroiliac joints, sciatic notch, and gluteal muscles on the right, positive straight leg raise test and Kemp's test, positive Heel walking test bilaterally; and decreased muscle strength in the right lower extremity) findings. The current diagnoses are lumbosacral musculoligamentous sprain/strain with radiculitis. The treatment to date includes ongoing treatment with Vicodin. There is no documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and patient considered for surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Scan of the Lumbar Spine: 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): 303-304.

Decision rationale: MTUS reference to ACOEM Guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery, as criteria necessary to support the medical necessity of a CT. Within the medical information available for review, there is documentation of a diagnosis of lumbosacral musculoligamentous sprain/strain with radiculitis. However, despite documentation of objective (positive straight leg raise test and Kemp's test, positive Heel walking test bilaterally, and decreased muscle strength in the right lower extremity) findings, there is no (clear) documentation of objective findings that identify specific nerve compromise on the neurologic examination. In addition, there is no documentation of red flag diagnoses where plain film radiographs are negative, failure of conservative treatment, and patient considered for surgery. Therefore, based on guidelines and a review of the evidence, the request for CT scan of the Lumbar Spine, as an outpatient is not medically necessary.