

Case Number:	CM14-0159047		
Date Assigned:	10/02/2014	Date of Injury:	12/13/2013
Decision Date:	12/16/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/29/2014

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 55-year old male patient had a date of injury on 12/13/2013. The mechanism of injury occurred when the patient bent over, immediately feeling a twinge in the low back. In a progress note dated 8/7/2014, the patient complained of pain in the lumbar spine which radiated to her lateral hips and upper back. The pain was 8/10 in intensity, and was characterized as sharp, throbbing, and burning. Objective findings: lumbar spasms, sensation and motor strength were intact, and tenderness was present in the bilateral spine, bilateral paraspinal muscles, bilateral buttocks, and bilateral trochanters. The diagnostic impression showed bilateral trochanteric bursitis, lumbar spine pain/L5-S1 discogenic spondylolysis, and lumbar myofascial pain. Treatment to date: medication management, behavioral modification, epidural steroid injections, physical therapy. MRI of lumbar spine (12/26/2013): L5-S1 segment showed the disk/osteophyte complex and relative foraminal stenosis, right greater than left. A UR decision dated 9/16/2014 denied the request for CT scan of the Lumbar Spine. The rationale provided regarding the denial was that there was no description of flexion extension lumbar spine x-rays, progressive neurologic deterioration, myelopathy, or progressive spinal instability. The physical examination dated 8/7/2014 primarily indicated lumbar tenderness to palpation, and the MRI report from 12/26/2013 was not provided for review.

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, Chronic Pain Treatment Guidelines Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter-CT

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. 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). However, in the 8/7/2014 physical examination, no significant neurological deficits were documented and discussed. Although there were subjective complaints of lumbar pain and tenderness to palpation, the physical exam did not provide any evidence of neurologic deterioration. Furthermore, plain films, as well as the 12/26/2013 Lumbar MRI report mentioned in the UR decision, were not provided for review. Therefore, the request for CT scan of Lumbar Spine was not medically necessary.