

Case Number:	CM14-0170371		
Date Assigned:	10/20/2014	Date of Injury:	04/12/1995
Decision Date:	11/28/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/15/2014

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:

Patient is a 63 year-old female with date of injury 04/12/1995. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/24/2014, lists subjective complaints as chronic pain in the lower back with radicular symptoms down the right leg. Objective findings: Examination of the lumbar spine revealed reduced range of motion in all planes due to pain. There was positive lumbar tenderness and paraspinal muscle spasm, no tenderness of the right and left iliac crest, greater trochanteric region or over the sciatic notches. Straight leg raising test was negative bilaterally. Sensation was intact in all dermatomes of the upper and lower extremities, with the exception of the lateral aspect of the right thigh. Motor strength was 5/5 in all muscle groups with the exception of the right hip flexors which were decreased due to pain. MRI of the lumbar spine performed on 04/12/2011 was notable for disc protrusions at L2-3 and L4-5 and slightly larger at L3-4, in addition to facet joint arthropathy, as well as ligamentum flavum hypertrophy. Diagnosis: 1. Joint pain, shoulder 2. Postsurgical states nec 3.Lumbago 4.Lumbar/lumbosacral disc degeneration.

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 Page(s): 303.

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

Decision rationale: The 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. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. The medical record fails to document sufficient findings indicative of nerve root compromise which would warrant a CT of the lumbar spine.