

Case Number:	CM14-0174091		
Date Assigned:	10/27/2014	Date of Injury:	06/07/2010
Decision Date:	12/04/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/22/2014

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 Illinois. 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 injured worker is a 46 year old man who was in a motor vehicle accident on June 7, 2010, and then had a person fall on him on July 24, 2010. According to a clinical note dated Sept 17, 2014, the worker has ongoing complaints of back pain with radiation to bilateral lower extremities including numbness, weakness, burning and tingling. Electromyogram studies in October 2013 showing chronic L4-L5 radiculopathy. He also had a lumbar spine magnetic resonance imaging in 2013. He underwent a computed tomography scan and radiographs of the lumbar spine on September 4, 2014. On exam, his range of motion is slightly restricted, deep tendon reflexes are normal and strength is normal. There is diminished sensation of L5-S1 on the right.

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 on 09/03/14: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter - CT (computed tomography)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: The worker had ongoing complaints of back pain with both clinical and electromyogram diagnostic radiculopathy. Per American College of Occupational and Environmental Medicine guidelines, a computed tomography scan is indicated to identify and define disk protrusion, among other pathologic insults and anatomic defects, in low back pathology. Therefore, the requested service is medically necessary.