

Case Number:	CM14-0175225		
Date Assigned:	10/28/2014	Date of Injury:	09/08/2014
Decision Date:	12/04/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/23/2014

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 Internal 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:

The patient is an injured worker with lumbosacral complaints. Regarding the mechanism of injury, the patient developed low back pain after using a rowing machine. Date of injury was 09-08-2014. Lumbar spine x-ray radiography 9/22/2014 documented that there are six lumbar segments, two of which are transitional. The lower most lumbar segment is designated L6. No fracture, destructive lesion, or Spondylolysis is seen. Normal appearance of the pedicles and spinous processes was noted. There was stable mild disc space narrowing at the lowermost lumbar segment L6-sacrum. Intervertebral disc height is otherwise maintained and no degenerative spurs or erosions are identified. No significant facet joint overgrowth is detected by radiography. No abnormality is seen at the sacrum or sacroiliac joints. Primary treating physician's progress report dated 9/24/14 documented subjective complaints of low back pain that radiates into bilateral lower extremities. Objective findings were documented. The patient was alert. Gait was normal. Lumbosacral flexion was 90 degrees. Tenderness was noted. Straight leg raise test was performed to 90 degrees. Decreased sensation was noted. Diagnoses were degenerative disc disease of lumbosacral spine, sciatica, lumbar strain. Treatment plan included a request for CT computed tomography scan of the lumbosacral spine. Utilization review determination date was 9/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT (Computed Tomography) of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 59.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, 308-310.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) CT computed tomography of the lumbosacral spine. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints states that relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion (false-positive test results). Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Table 12-8 summary of recommendations for Evaluating and Managing Low Back Complaints (Page 308-310) recommends CT or MRI when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. Using imaging tests before one month in the absence of red flags is not recommended. Lumbar spine x-ray radiographs performed on 9/22/2014 documented that there were no fracture, destructive lesion, or Spondylolysis. Normal appearance of the pedicles and spinous processes was noted. Stable mild disc space narrowing at the lowermost lumbar segment L6-sacrum was noted. Intervertebral disc height is otherwise maintained and no degenerative spurs or erosions are identified. No significant facet joint overgrowth is detected by radiography. No abnormality is seen at the sacrum or sacroiliac joints. Date of injury was 09-08-2014. No suspicion of cauda equina, tumor, infection, or fracture was documented. Per ACOEM guidelines, CT computed tomography of the lumbosacral spine is not supported. Therefore, the request for CT (Computed Tomography) of the lumbar spine is not medically necessary.