

Case Number:	CM14-0175374		
Date Assigned:	10/28/2014	Date of Injury:	08/05/2011
Decision Date:	12/05/2014	UR Denial Date:	10/09/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 injured worker is a 41-year-old male with date of injury of 08/05/2011. The listed diagnoses per [REDACTED] from 09/29/2014 are: 1. Lumbar degenerative disk disease.2. Sciatica.3. Lumbar spine strain.4. Anxious depression.5. Obesity. According to this report, the injured worker complains of low back pain. He is taking OxyContin 10 mg t.i.d., which helps reduce the pain. The injured worker describes his low back pain as aching, spasmodic, and cramping. The injured worker has a SCS in place and has been increasing activities/walking recently; however, he has an increase in pain radiating down each leg, the middle toe of his right foot has gone numb, and he is not able to move it. The examination shows the injured worker is alert and oriented, in moderate distress. Myofascial tenderness was noted in the lumbosacral area. Straight leg raise is positive bilaterally. The UDS completed on 10/2013 was appropriate for prescribed medications. The documents include an AME from 07/18/2014. The utilization review denied the request on 10/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Scan of the the Lumbar Spine with Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment

for Workers' compensation, Online Edition Chapter: Low Back ; regarding CT (Computed Tomography)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), CT (Computed Tomography)

Decision rationale: The treating physician is requesting a Computed Tomography (CT) scan of the lumbar spine with contrast. The ACOEM guidelines page 309 under CT or magnetic resonance imaging (MRI) states that "it is recommended when cauda equina, tumor, infection, fracture are strongly suspected, and plain film radiographs are negative." ODG states that "it is not recommended except for the following indications: equivocal or positive plain films with no neurologic deficit; trauma in the lumbar spine; neurological deficit in the lumbar spine; infectious disease patient, etc."The records do not show that the injured worker has had a CT scan of the lumbar spine in the past. The 06/10/2014 report shows that the injured worker continues to complain of low back pain that is achy, spasmodic, and crampy. There is myofascial tenderness in the lumbosacral area. His UDS, completed on 10/2013, is appropriate for prescribed medications. The AME from 07/18/2014 by [REDACTED] notes tenderness to palpation from L2 to S2 in the midline. No spasms, sciatic tract irritation, or SI joint tenderness noted. Deep tendon reflexes are 0 to 1+ and equal for knees and ankles. Straight leg raising is 90 degrees bilaterally. Extensor hallucis longus strength is good. The 08/18/2014 report performed by [REDACTED] shows that the injured worker's spinal cord stimulator was implanted and is working great. He can walk a lot farther and be a lot more active. His back pain is generalized, located in both sides of the lumbar region. He describes it as aching, cramping, and spasmodic that fluctuates in intensity. Lumbar bilateral moderate tenderness is noted with diminished range of motion. Straight leg raise is negative on both sitting and supine testing. Lower extremity exam is within normal limits. The injured worker's gait is antalgic and guarded. Normal sensory and motor function. Normal deep tendon reflexes. In this case, there is discussion in the reports why CT scan is being asked for. The injured worker's SCS is working well. There are no new injuries, no red flags, no new neurologic condition and no fracture/dislocation/tumor suspicion. The request for CT scan of the Lumbar Spine is not medically necessary.