

Case Number:	CM14-0176980		
Date Assigned:	10/30/2014	Date of Injury:	11/26/2013
Decision Date:	12/05/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/24/2014

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 Emergency Medicine and is licensed to practice in New York. 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 a female who was injured on November 26, 2013. The patient continued to experience low back pain. Physical examination was notable for diffuse tenderness over the paravertebral musculature, moderate facet tenderness over the L3 to S1 levels, normal motor strength, and normal sensation. MRI of the lumbar spine showed facet arthropathy, at L3-4, right degenerative arthrosis at L4-5 and degenerative facet changes at L5-S1. Diagnoses included lumbar disc disease, lumbar facet syndrome, and left sacroiliac arthropathy. Treatment included heating pad, medications, chiropractic manipulation, home exercise program, and physical therapy. Request for authorization for CT scan of the lumbar spine was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter (updated 07/03/14)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back - Lumbar and Thoracic, CT (computed tomography)

Decision rationale: CT of the lumbar spine is not recommended except for the following indications: - Lumbar spine trauma: trauma, neurological deficit.- Lumbar spine trauma: seat belt (chance) fracture.- Myelopathy (neurological deficit related to the spinal cord), traumatic.- Myelopathy, infectious disease patient.- Evaluate pars defect not identified on plain x-rays.- Evaluate successful fusion if plain x-rays do not confirm fusion. In this case the patient is not experiencing any of the mentioned indications. There has been no change in signs or symptoms. In addition the patient has had prior MRI of the lumbar spine. Medical necessity for repeat imaging has not been established. The request of CT scan, lumbar spine is not medically necessary.