

Case Number:	CM14-0178644		
Date Assigned:	11/03/2014	Date of Injury:	07/18/2009
Decision Date:	12/08/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/28/2014

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 and is licensed to practice in Connecticut. 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 38-year-old male who reported injury on 07/18/2009. The mechanism of injury was not submitted for clinical review. The diagnoses included lumbago/sciatica, failed back surgery syndrome, degenerative disc disease L3, L4, L5 and S1. The previous treatments included medication, physical therapy, and a micro lumbar discectomy in 2005 and 2012. Diagnostic testing included an MRI in 2011 and a CT of the lumbar spine in 2012. Within the clinical note dated 09/17/2014 it was reported the injured worker complained of low back pain, right greater than left, with left radiating leg pain associated with numbness in the front of his foot and toes of his left foot. The injured worker reported not completing his physical therapy sessions. Upon the physical exam, the provider noted the injured worker to have full strength in the lower extremities. There was negative sacroiliac joint tenderness and a negative beer's bilaterally. The provider recommended the injured worker to have an EMG/NCV of the bilateral lower extremities. A request was submitted for a CT scan of the lumbar spine. The request for authorization was submitted and dated 09/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Low Back Chapter

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

Decision rationale: The request for CT scan of the lumbar spine is not medically necessary. The California MTUS/ACOEM Guidelines note a CT is recommended in patients with low back pain in the absence of red flags for serious spinal pathology. Guidelines note CT is used when cauda equina, tumor, infection, or fractures are strongly suspected and plain film radiographs are negative. The clinical documentation submitted did not indicate the injured worker to have red flag diagnoses including infection or fracture, which was strongly suspected by the provider. Therefore, the request is not medically necessary.